

INSURER: Industrial Alliance Insurance and Financial Services Inc.

PRIVACY NOTICE We will collect and retain all personal information concerning your insurance and claims. The information will be used for purposes of underwriting, marketing, administration and cancellation of your Certificate and investigation of claims. We will only access your file on a need to know basis and it will be kept at our secure location. It can be reviewed and/or rectified by written request. IA Financial Group, its affiliates and their agents may use and share your personal information with each other so that you can benefit from personalized offers and improved products and services. If you do not wish your information to be shared within the IA Financial Group, please contact the Insurer.

REQUESTED EFFECTIVE DATE OF INSURANCE DD/MM/YYYY	PLAN XS-F-7	CERTIFICATE NO.
---	-----------------------	-----------------

GENERAL INFORMATION

GROUP POLICYHOLDER (RETAILER)		RETAILER NO.	SOFTWARE COMPANY	
STOCK NO.	VEHICLE IDENTIFICATION NO.			
DEBTOR SURNAME		FIRST NAME		GENDER <input type="checkbox"/> F <input type="checkbox"/> M
DATE OF BIRTH DD/MM/YYYY				
ONE PERSON ONLY				
APT.	STREET ADDRESS		CITY	PROVINCE POSTAL CODE
TAX EXEMPT - IF APPLICABLE, PROVIDE PROOF OF STATUS <input type="checkbox"/> STATUS CARD NO.:		TELEPHONE	EMAIL	
CO-DEBTOR SURNAME		FIRST NAME		GENDER <input type="checkbox"/> F <input type="checkbox"/> M
DATE OF BIRTH DD/MM/YYYY				
ONE PERSON ONLY (MAY BE INSURED EVEN IF DEBTOR IS NOT INSURED)				
APT.	STREET ADDRESS		CITY	PROVINCE POSTAL CODE
TAX EXEMPT - IF APPLICABLE, PROVIDE PROOF OF STATUS <input type="checkbox"/> STATUS CARD NO.:		TELEPHONE	EMAIL	

FINANCING INFORMATION

FINANCIAL INSTITUTION NAME		<input type="checkbox"/> PURCHASE <input type="checkbox"/> LEASE <input type="checkbox"/> OTHER: _____	
STREET ADDRESS		CITY	PROVINCE POSTAL CODE
FIRST PAYMENT DATE DD/MM/YYYY	FINANCE TERM IN MONTHS	AMORTIZATION TERM IN MONTHS	INTEREST RATE
MONTHLY PAYMENT	FINANCED AMOUNT	TOTAL AMOUNT OF LOAN INSURED	RESIDUAL VALUE (IF APPLICABLE)
EXCLUDING INSURANCE	EXCLUDING INSURANCE	INCLUDING INSURANCE, INTEREST AND APPLICABLE TAXES	INCLUDING SALES TAX, IF APPLICABLE
LIFE INSURANCE	INSURED: <input type="checkbox"/> Debtor <input type="checkbox"/> Co-Debtor <input type="checkbox"/> Both	INSURANCE TERM MONTHS	EXPIRY DATE OF INSURANCE DD/MM/YYYY
<input type="checkbox"/> LIFE INSURANCE			
INSURED FINANCED AMOUNT	INSURED RESIDUAL VALUE IF APPLICABLE	INSURANCE PREMIUM	RESIDUAL INSURANCE PREMIUM IF APPLICABLE
Aggregate maximum (Insured Financed Amount plus Insured Residual Value): \$1,000,000 (ages 18-55), \$200,000 (ages 56-67). Maximum Insurance term: 180 months. Minimum Insurance Premium (including residual Insurance Term): \$75			

CRITICAL ILLNESS (CI) INSURANCE

INSURED: <input type="checkbox"/> Debtor <input type="checkbox"/> Co-Debtor <input type="checkbox"/> Both	INSURANCE TERM MONTHS	EXPIRY DATE OF INSURANCE DD/MM/YYYY
<input type="checkbox"/> CI INSURANCE		
INSURED FINANCED AMOUNT	INSURANCE PREMIUM	
EXCLUDING INTEREST		
Aggregate maximum (Insured Financed Amount): \$500,000 (ages 18-55), \$200,000 (ages 56-67). Maximum Insurance term: 180 months. Minimum Insurance Premium: \$75		

DISABILITY INSURANCE

INSURED: <input type="checkbox"/> Debtor <input type="checkbox"/> Co-Debtor <input type="checkbox"/> Both	INSURANCE TERM MONTHS	EXPIRY DATE OF INSURANCE DD/MM/YYYY
<input type="checkbox"/> FULL TERM INSURANCE		
WAITING PERIOD	DAYS	
SELECT ONE OPTION: <input checked="" type="checkbox"/> ELIMINATION <input type="checkbox"/> RETROACTIVE		
The Insurance DOES NOT cover the Waiting Period		The Insurance DOES cover the Waiting Period
INSURED MONTHLY PAYMENT	INSURANCE PREMIUM	
EXCLUDING INTEREST		
Maximum Amount of Insurance (Insured Monthly Payment): \$5,000/month (ages 18-65). Aggregate Maximum: \$500,000 Maximum Insurance term: 84 months. Minimum Insurance Premium: \$75		

WAIVER

I certify that I have been given the opportunity to become insured under the present Certificate and that after careful consideration, I have decided that I do not wish to apply.

DEBTOR: I decline the LIFE INSURANCE CI INSURANCE DISABILITY INSURANCE

CO-DEBTOR: I decline the LIFE INSURANCE CI INSURANCE DISABILITY INSURANCE

If this Certificate is financed by Ford Credit or Ford Credit associates, and:

- you have selected Life and/or CI Insurance: you must insure your Total Financial Obligation for the entire finance/lease term.
- you have selected Disability Insurance: your Insured Monthly Payment must equal your Monthly Payment and your Insurance Term must equal your finance/lease term.

This Certificate will not be issued if your Total Financial Obligation and/or Monthly Payment to Ford Credit exceeds the Maximum Amount of Insurance and/or Maximum Insured Monthly Payment, or if your finance/lease term exceeds the Maximum Insurance Term listed on this Certificate.

X	X	TOTAL COST
DEBTOR	CO-DEBTOR	
DATE (DD/MM/YYYY)	DATE (DD/MM/YYYY)	

STATEMENT BY DEBTOR AND CO-DEBTOR

I understand that I must complete a Supplemental Health Questionnaire (SHQ) if:

- a) For Life, the sum of my Financed Amount plus Insured Residual Value exceeds \$200,000 (ages 18-59) or \$125,000 (ages 60-67); AND/OR
- b) For CI, the sum of my Financed Amount exceeds \$200,000 (ages 18-59) or \$125,000 (ages 60-67); OR
- c) For Disability, my Monthly Payment exceeds \$2,500 (ages 18-59) or \$1,000 (age 60-65).

Further, this Application will be underwritten and will require the Insurer's written approval to be in effect if:

- I answer YES to any of the Health Questions; OR
- the sum of my Financed Amount plus Insured Residual Value for Life exceeds \$300,000; OR
- the sum of my Financed Amount for CI exceeds \$300,000.

The Insurer may request a medical examination or tests and any cost for these will be paid for by the Insurer. Applications that are subject to the SHQ may be declined by the Insurer via written notification by regular mail to the address shown on this Application. Any premiums paid will be refunded to the Financial Institution (or the finance source that financed the Total Cost of the premium, if different).

ELIGIBILITY REQUIREMENTS, LIMITATIONS AND EXCLUSIONS

Please read the following and sign below. It is important that you determine whether you are eligible to purchase this insurance.

You are eligible:

- If the maximum Amortization Term of your loan does not exceed 180 months.
- If you have selected Life or CI Insurance, you confirm that you are at least 18 but not yet 68 years of age.
- If you have selected CI Insurance, you confirm that you have not had a CI (as defined below) prior to the Effective Date of Insurance.
- If you have selected Disability Insurance, you confirm that you are at least 18 but not yet 66 years of age.
- If you have selected Disability Insurance, you confirm that you are:
 - able to perform the usual duties of your occupation; AND
 - gainfully employed, and have been working at least 23 hours per week for the past 4 weeks (also applicable to self-employed individuals who have an annual business income after operating costs of at least \$9,000); OR
 - gainfully employed Seasonally, (i) at least 11 consecutive weeks, for 25 hours per week during the past 12 months; or

(ii) having contributed to the Employment Insurance Account and having worked for the required number of hours (based on location and regional employment rate) to be eligible to collect benefits under the *Employment Insurance Act* (Canada).

I confirm that I have read the above and understand that no insurance coverage will be available in part or at all if I do not meet the applicable Eligibility Requirements. I also confirm that the information given above and on page 1 is correct and understand that any incorrect answer or misrepresentation may render this Certificate void.

I understand that any claims arising from, or caused or contributed to by PRE-EXISTING CONDITIONS, as described on page 3, will not be covered if such event occurs within 24 months of the Effective Date of Insurance.

I understand that the Insurance payable under this Certificate is subject to all terms and conditions including Limitations and Exclusions as described herein.

I HAVE BEEN ADVISED TO READ THIS CERTIFICATE IN FULL (PAGES 1-4) AND UNDERSTAND THAT COVERAGE IS VOLUNTARY AND PURCHASE OF THIS CERTIFICATE IS NOT REQUIRED IN ORDER TO

OBTAIN FINANCING. I HAVE READ THE "PRIVACY NOTICE" AND "STATEMENT BY DEBTOR AND CO-DEBTOR" AND CONSENT TO USE AND DISCLOSURE OF MY PERSONAL INFORMATION.

I understand that it is my responsibility to inform the Administrator of any changes relating to my personal information previously provided including my name, address, phone number and e-mail address. Failure to do so may result in delays in processing my requests.

I am aware that no party is authorized to waive or modify the terms of this Certificate and the Group Policyholder is not an agent of the Insurer. I am aware of the Money Back Guarantee on page 4.

I require that the Certificate herein and any other related documentation to be drawn up in English. Je demande que le présent Certificat et les documents qui s'y rattachent soient rédigés en anglais.

Distribution Guide – I hereby acknowledge having received the Distribution Guide.

If you would like another copy of the Distribution Guide, please contact our Administration centre at 1-877-671-9009.

Please be aware this Certificate excludes coverage for certain pre-existing conditions. We urge you to review the definition of Pre-existing Condition provided on page 3. For questions regarding Pre-existing Conditions, eligibility, limitations and exclusions, call 1-800-761-4655. For all other inquiries, please see the number contained on page 3.

X DEBTOR	DATE (DD/MM/YYYY)	X CO-DEBTOR	DATE (DD/MM/YYYY)
-------------	-------------------	----------------	-------------------

"We", "us" or "our" means the Insurer. "You" or "your" means the Insured or Applicant. Words used in this Certificate that have an initial capital letter have the defined meaning or value as set out below or on page 1 of this Certificate. All of the terms governing coverage are set out in this Certificate. In consideration of our receipt of the applicable Total Cost (and if applicable, upon our approval), we insure you for only the Insurance detailed in your Certificate. If there is no premium indicated or the premium is zero, then you are not insured for that type of Insurance. Your coverage will begin on the Effective Date of Insurance as defined below. Any amounts payable under this Certificate will be paid to the Financial Institution (and the finance source that financed the Total Cost of the premium, if different), if named, to reduce your financial obligation under the Financed Amount. Your Certificate is not assignable.

- (D) Stroke: An acute cerebral vascular accident (CVA) producing neurological impairment and resulting in paralysis or other measurable objective neurological deficit persisting for at least thirty (30) days following the occurrence of the stroke. Transient Ischemic Attacks (TIAs) are not covered.
- (E) Major Organ Failure Requiring Transplant: The irreversible failure of the liver, bone marrow, entire heart, both lungs or both kidneys requiring a transplant of that organ, resulting in the Insured being accepted into a recognized transplant program in Canada. The Insured must survive at least 30 days following the date of enrollment into the transplant program.
- (F) Paralysis: Paralysis resulting in complete and permanent loss of use of two or more limbs without interruption for a period of 90 days. At the end of such period, the Specialist must certify that the paralysis is complete and permanent.

SECTION 1 – DEFINITIONS

1. "Applicant" means the Debtor and/or Co-Debtor named on this Application, that:
 - a) are debtor(s) under the Financed Amount; and
 - b) satisfy the Eligibility Requirements; and
 - c) are subject to the Supplemental Health Questionnaire (SHQ); and
 - d) have paid the applicable premium for the insurance coverage selected on the Application.

Upon approval of coverage, the Applicant becomes the Insured.
2. "Certificate of Insurance" or "Certificate" means this Application, the SHQ (if applicable) plus any additional documents regarding your coverage issued to you by the Insurer and forms your contract of insurance.
3. "Critical Illness" or "CI" means Diagnosis of any of the following Covered Conditions which occur directly as a result of illness, and first occur after the Effective Date of Insurance:
 - (A) Life-Threatening Cancer: The Diagnosis of a malignancy characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue but not including:
 - Pre-malignant lesions, benign tumours or benign polyps;
 - Any skin cancer, other than invasive malignant melanoma into the dermis or deeper;
 - Non-invasive cancer in situ;
 - Early prostate cancer diagnosed as T1 N0 M0 or equivalent staging; or
 - Any tumour in the presence of the human immunodeficiency virus (HIV).
 - (B) Heart Attack (Myocardial Infarction): The death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnostic must be confirmed by both:
 - 1) new electrocardiographic changes indicative of a myocardial infarction or by a new clinical presentation, only in cases where the ECG can not be interpreted (complete bundle branch block, WPW, pace-maker), AND
 - 2) characteristic changes of cardiac biochemical markers (troponin or CPK or CPK-MB) to levels consistent with acute myocardial infarction.

Exclusions:

 - 1) Heart Attack occurring in the 48 hours following an elective revascularization procedure, unless it is accompanied by new pathological Q waves.
 - 2) Heart Attack diagnosed by any other method, unless the diagnosis is confirmed as described above.
 - (C) Coronary Artery Bypass Surgery: The heart surgery performed to correct narrowing or blockage of one or more coronary arteries with bypass grafts. Non-surgical techniques such as balloon angioplasty, laser embolectomy or other non-bypass techniques are excluded.

4. "Diagnosis" means the certified diagnosis of the Insured with a Covered Condition by a Specialist.
5. "Effective Date of Insurance" means:
 - a) the Requested Effective Date, if you are not subject to the SHQ; or
 - b) the Requested Effective Date, if you are subject to the SHQ and you answered "no" to all of the Health Questions and your Financed Amount plus Insured Residual Value for Life is less than \$300,000; or
 - c) the Requested Effective Date, if you are subject to the SHQ and you answered "no" to all of the Health Questions and your Financed Amount for CI is less than \$300,000; or
 - d) if a), b) and c) don't apply, the date we notify you in writing that your insurance coverage has been approved.

Your Application will be null and void if all underwriting requirements are not satisfied within 90 days of signing this Application. During this period, you may be eligible for Temporary Insurance as described below.
6. "Financed Amount" means the debt described on page 1 of this Certificate, payable in whole or part by installments, resulting from your debt to the Financial Institution and the finance source that financed the Total Cost of the premium, if different.
7. "Full Term insurance" means Disability Insurance coverage in effect until the expiry the Certificate.
8. "Injury" means bodily injury caused by an accident that occurs after the Effective Date of Insurance. The Injury must result from the accident, directly and independently of any other causes and must solely cause the death, or Total Disability.
9. "Insurance" means the Life, CI and/or Disability Insurance selected on this Certificate.
10. "Insured" means the Debtor and Co-Debtor named on this Certificate, who are debtor(s) under the Financed Amount, and have selected Insurance and, if applicable, have received the Insurer's written approval of coverage. The Insured must be a natural person, not a partnership, company or association.
11. "Insured Loan" means the debt described on page 1 of this Certificate by the Insured Financed Amount over the Insurance Term in Months at the Interest Rate.
12. "Insurer" means Industrial Alliance Insurance and Financial Services Inc.
13. "Pre-existing Condition" means illness, disease, mental, nervous or psychiatric condition or disorder for which any of (i) medical advice (ii) treatment (iii) service (iv) prescribed medication (v) diagnosis or (vi) consultation, including consultation to investigate, follow-up and/or diagnose (where diagnosis has not yet been made) was received by you or would have been received by a prudent individual within both (a) the 12 months immediately preceding the Effective Date of Insurance and (b) the 12 months immediately following the Effective Date of Insurance.

CERTIFICATE NO.

14. "Seasonally" or "Seasonal", as used with reference to work, means work that is limited in frequency by weather or other natural conditions and does not include occupations limited by availability of work.
15. "Sickness" means illness, disorder or disease that first becomes manifest after the Effective Date of Insurance.
16. "Specialist" means a physician licensed and practicing in Canada whose practice is limited to the particular branch of medicine relating to the applicable Covered Condition and who is not the Insured, a relative or business associate of the Insured.
17. "Totally Disabled" or "Total Disability" means your inability, solely due to Sickness or Injury to perform all the duties of your occupation. After you have been Totally Disabled for 12 continuous months (plus any Elimination Waiting Period), Total Disability means your inability solely due to Sickness or Injury, to perform all duties of any occupation for which you are or can become reasonably qualified by virtue of your education, training, or experience. You are not Totally Disabled if you are working full or part time or if you have retired. Lack of work does not constitute Total Disability or entitle you to Insured Monthly Payments.

SECTION 2 – TEMPORARY INSURANCE AGREEMENT DURING THE UNDERWRITING PROCESS

If your Application is subject to underwriting by the Insurer, we will cover you during this period, subject to the terms and conditions herein including the Eligibility Requirements. Temporary Insurance will terminate on the earliest of:

- (a) the 90th day following the date you sign this Application; or
- (b) the date we approve or decline your Application.

The maximum amount of Temporary Insurance provided will be as follows:

- Temporary Life or CI Insurance: \$200,000 (ages 18-59) and \$125,000 (ages 60-67).
- Temporary Disability Insurance: \$2,500 (ages 18-59) or \$1,000 (ages 60-65).

The maximum amount of Temporary Insurance is governed by the age of the eldest Applicant.

SECTION 3 – LIFE INSURANCE

If you have selected 'Life Insurance' option: in the event of your death due to Sickness or Injury, we will pay: (1) the outstanding balance of your Insured Loan at the date of death, plus (2) the present value of the Insured Residual Value if you have selected this coverage.

In any event, we will not pay more than the remaining principal owing at the date of death.

SECTION 4 – CRITICAL ILLNESS (CI) INSURANCE

If you have selected CI Insurance: in the event that you are Diagnosed with a CI, we will pay: (1) the outstanding balance of your Insured Loan on the date the CI was Diagnosed.

In any event, we will not pay more than the remaining principal owing at the date the CI was Diagnosed.

Only one CI benefit is payable under each certificate issued by the Insurer.

SECTION 5 – DISABILITY INSURANCE – ACCIDENT AND SICKNESS

In the event you are Totally Disabled due to Injury or Sickness for a consecutive number of days longer than the Waiting Period, we will pay your Insured Monthly Payment for the period of Total Disability, monthly in arrears, subject to the Waiting Period. If you selected a Retroactive Waiting Period, payment will be calculated from the first day of Total Disability. If you selected an Elimination Waiting Period, payment will be calculated from the day following the Waiting Period.

Insured Monthly Payments will stop when: a) you are no longer Totally Disabled; or b) upon Termination of Insurance as described on page 4, whichever occurs first. The amount paid for periods of Total Disability which are less than one month will be calculated at a daily rate of 1/30th of the Insured Monthly Payments.

After the Waiting Period, successive periods of Total Disability, caused by the same Sickness or Injury, separated by less than 90 days of continuous employment are considered a continuation of a period of Total Disability and not subject to a new Waiting Period. After 90 days of continuous employment, they would be considered a new claim and will be subject to a new Waiting Period.

We will not pay any Disability Insurance for any debt outstanding under the Financed Amount at the Expiry Date of Insurance.

SECTION 6 – LIMITATIONS AND EXCLUSIONS

General Limitations and Exclusions for all coverage types:

No Insurance benefit will be paid under your Certificate in the event that your claim is caused or contributed to by any of the following:

- (a) a Pre-existing Condition, or as a direct or indirect result of treatment for a Pre-existing Condition. This exclusion only applies if the event claimed for occurs within 24 months of the Effective Date of Insurance;
- (b) intentionally self-inflicted injury;
- (c) nuclear, chemical or biological contamination;
- (d) war or any act of war whether declared or undeclared;
- (e) suicide within the two year period immediately following the Effective Date of Insurance;
- (f) direct or indirect participation in a criminal act, or any attempt to commit a criminal offence, including but not limited to, operating a motor vehicle while the concentration of alcohol in 100 millilitres of the Insured's blood exceeds 80 milligrams;
- (g) chronic or excessive use of alcohol;
- (h) drug or substance use apart from controlled drugs used as legally prescribed by and on the advice of a physician;
- (i) pregnancy, childbirth, or termination of pregnancy; or
- (j) cosmetic or elective surgery.

Limitations and Exclusions specific to CI Insurance:

In addition to the general Limitations and Exclusions listed above, no CI benefit will be paid if:

- (a) the Insured does not survive 30 days following the Diagnosis of the CI; or
- (b) the Insured is diagnosed with Cancer, had any signs and/or symptoms or medical problems commence, or had investigations leading to the Diagnosis of any cancer covered or excluded under the Group Policy initiated within 90 days following the Effective Date of Insurance.

SECTION 7 – SPECIAL LIMITATIONS

In addition to the Limitations and Exclusions listed above, the following Special Limitations apply:

1. If the Debtor and Co-Debtor die simultaneously and they were both insured, the Life Insurance benefit will be paid for the Debtor only.
2. The Life and CI Insurance benefits payable under this Certificate combined with any other group insurance certificates issued by us to you will not exceed the Aggregate Maximum stated on this Certificate. In such event, the liability under your Certificate will be adjusted on a pro-rata basis with the other group insurance certificates.
3. The Accident & Sickness Disability Insurance benefits payable under your Certificate and any other group insurance certificates issued by us to you will not exceed the Aggregate Maximum stated on this Certificate. In this event, the liability under your Certificate will be adjusted on a pro-rata basis with the other group insurance certificates.
4. If the Debtor and Co-Debtor are Totally Disabled at the same time and they were both insured, the Insured Monthly Payment will be paid for one Insured only. No more than one Insured Monthly Payment per month will be made for any benefit(s) claimed under Disability or Life Insurance.
5. If your Total Disability is caused or contributed to by:
 - (a) mental, nervous or psychiatric condition or disorder, after a benefit period of three months, payments will only be made if you are regularly attending a licensed Specialist such as a psychiatrist, a psychologist or a neurologist and the benefit period will never exceed (6) months per claim.
 - (b) Sickness or Injury of the neck or back including but not limited to lumbar, thoracic or cervical spine, after a benefit period of two months, payments will only be made if you are under the care of a licensed Specialist such as a neurologist, a neurosurgeon, a physiatrist, an orthopaedic surgeon or a rheumatologist and the benefit period will never exceed (6) months per claim.
6. The maximum amount of Insurance is governed by the age of the eldest Applicant.

SECTION 8 – CONDITIONS OF PAYMENT

1. Claim forms must be completed and submitted to the Insurer within 90 days of the date Diagnosis of CI or Total Disability for which a claim is made, and thereafter as required by us. If it is not reasonably possible to complete and submit claim forms within 90 days, they must be furnished as soon as reasonably possible and in no event later than two years from the time claim forms are otherwise required. In the event disability claim forms are received after 90 days from the onset of the event, benefits will only be retroactively considered for the 90 days prior to the receipt of the claim forms. For Life Insurance, claims forms must be completed and submitted to the Insurer once it is reasonably possible to do so. The expense of providing the proofs of claim is the responsibility of the Insured.
2. In adjudicating any claim, we shall be entitled to receive satisfactory proof of eligibility and proof of the following: a) date of 1) birth, 2) death, 3) CI, 4) Total Disability; and b) the circumstances causing or contributing to it; and c) any treatment both before and after the Effective Date of Insurance and proof from the finance source(s) that the Insured Amount has not been paid out, re-written, or revised.
3. You must be under the continuing medical supervision and treatment of a physician (M.D.) considered appropriate by us while Totally Disabled.
4. We will have the right to have you medically examined by a licensed physician of our choice as often as is reasonably required during the period for which Insurance is claimed. If you fail to submit to such an examination within a reasonable period, we will be entitled to terminate payment of your Insurance.
5. You are responsible to make any Monthly Payments that fall due while the claim is being adjudicated, subject to our reimbursement through the finance source(s) for the period of time for which we are responsible to make the Insured Monthly Payment. We will not pay any overdue payments or additional interest charges.
6. We will not pay any overdue payments or additional interest charges under the Financed Amount at the date of death, CI Diagnosis or Total Disability.
7. In the event you were not eligible to purchase the Insurance, our only obligation is to refund any premium which has been paid. This refund will be forwarded to the Financial institution (or the finance source that financed the Total Cost of the premium, if different).

CERTIFICATE NO.

SECTION 9 – TERMINATION OF INSURANCE

1. This Certificate will terminate for all Insured(s), when any of the following events occur:
 - (a) upon the discharge of the debt in respect of the Financed Amount;
 - (b) upon the Expiry Date of Insurance;
 - (c) the terms of payment, or the amount payable, under the Financed Amount have been increased or extended;
 - (d) the Financial Institution (or the finance source that financed the Total Cost of the premium, if different), has demanded payment of the full amount due under the Financed Amount because of default;
 - (e) the property which is the subject of the Financed Amount has been repossessed or become the subject of a court action;
 - (f) upon our receipt of written notice, signed by the Debtor and the Co-Debtor, if named, requesting cancellation of the Insurance coverage; or receipt of a phone call (which shall be recorded), made by the Debtor or the Co-Debtor, if named, requesting the cancellation of the Insurance coverage. The recording of the call constitutes sufficient proof of the request;
 - (g) upon payment of a premium refund, if any is owing, under paragraph 4 of this section;
 - (h) upon the date of death of the Insured Debtor for single coverage, or both Insured Debtor and Co-Debtor for joint coverage;
 - (i) upon the 72nd birthday of the youngest Insured; or
 - (j) upon our payment of the Life Insurance, or CI Insurance benefit.
2. Disability Insurance (if selected) will terminate for all Insured(s) upon the payment of the Aggregate Maximum benefit under this Certificate and any other group insurance certificates issued by us to you.
3. Specific Insurance coverages will terminate for an Insured, when any of the following events occur:
 - (a) Life, CI and/or Disability Insurance (if selected) will terminate for an Insured upon his or her 72nd birthday.
 - (b) Disability Insurance (if selected), will terminate for an Insured upon the date of his or her retirement from regular or Seasonal employment.
4. Upon your written request, we may continue to offer coverage, at our option, under your Certificate upon refinancing of the Financed Amount. In the event we offer such coverage, the Effective Date of Insurance, Expiry Date of Insurance, Insurance amounts and all other terms and conditions will remain the same.
5. If the Insurance under your Certificate is terminated before the Expiry Date of Insurance, you must apply in writing or by phone to be paid a premium refund. The premium refund will be calculated on a pro-rata basis. If the debt in respect of the Financed Amount is still outstanding at the date of cancellation the surrender value will be made payable to the Financial Institution (or the finance source that financed the Total Cost of the premium, if different). If the termination was as a result of the circumstances described in paragraph 1. (d) or (e) of this section the surrender value will be made payable to the Financial Institution (or the finance source that financed the Total Cost of the premium, if different). No premium refund will be payable if we pay the Life or CI Insurance benefit or for amounts of less than \$15.

INSURER'S CONTACT INFORMATION

P.O. Box 5900, Vancouver, B.C., V6B 5H6
 Administration: 1-877-671-9009 (Tel)
 Claims: 1-800-549-7227 (Tel) 1 (604) 733-9519 (Fax)
 Cancellations: 1-855-766-8239 (Tel) 1 (450) 671-2525 (Fax)
 cancellation@ia.ca (E-mail)

For procedures on how to file a complaint, please visit: www.iasal.ca/complaints

MONEY BACK GUARANTEE

You have 20 days after you sign this Certificate to decide if you still want the coverage. If you do not, return it to the Insurer or to the Group Policyholder from whom you bought it. We will cancel your coverage from the Effective Date of Insurance and will refund any premium paid to the Financial Institution (or the finance source that financed the Total Cost of the premium, if different) named in this Certificate.

LIMITATION OF ACTION

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* or other applicable legislation.



I understand that the Insurance benefit payable under this Certificate is subject to the eligibility requirements, general terms, conditions, Definitions and Exclusions described in this Certificate and that **PRE-EXISTING CONDITIONS WILL NOT BE COVERED IF THE EVENT CLAIMED FOR OCCURS WITHIN 24 MONTHS OF THE EFFECTIVE DATE OF INSURANCE.**
IMPORTANT – I acknowledge that I have received and read the description of the coverages that appear on this 4 page Certificate and hereby accept these provisions. I acknowledge that where there is no premium indicated, I am not insured for that type of coverage.

X	X		
DEBTOR	DATE (DD/MM/YYYY)	CO-DEBTOR	DATE (DD/MM/YYYY)

CERTIFICATE NO.