

Application for Creditor Life Insurance

Terms not defined in this Application shall have the meaning set in the Certificate of Life Insurance (“Certificate”).

Group policy number 575

1 Applicant and loan information – to be completed by lender

Applicant’s last name		First name		Customer number	Date of birth (dd-mm-yyyy)	Age
Telephone number (business)		Telephone number (residence)		Current address (street number and name)		Apartment or suite
City				Province		Postal code
Program <input type="checkbox"/> Farm <input type="checkbox"/> Fisheries & Aquaculture <input type="checkbox"/> Timber		Amount of insurance requested \$		Insured loan amount \$	Amount of insurance on previous loans \$	

If the applicant does not wish to apply or is ineligible for insurance, please proceed directly to section 4.

2 Health question-to be completed by the applicant

Please answer the following question completely and accurately. If you are not sure whether some information is relevant, provide it anyway. If you do not disclose all relevant information, claims may be denied and insurance cancelled.

Please do not tell us about genetic tests or genetic test results.

If you are unsure as to how to answer the health question, answer “Yes” and Canadian Premier will contact you directly to review your health information.

In the last three years, have you been treated for, had symptoms of, or consulted a doctor or other healthcare professional for:

- A heart attack, chest pain, angina, stroke, TIA (transient ischemic attack), mini-stroke, circulatory disorder, aneurysm or any other disease or disorder of the heart or blood vessels (excluding high blood pressure, high cholesterol) OR
- Cancer, tumour, melanoma, leukemia, lymphoma, or any other growth or malignancy OR
- Diabetes OR
- Anxiety, depression, burnout, schizophrenia, psychosis or any other psychological or emotional disorder OR
- Epilepsy, multiple sclerosis, ALS (Lou Gehrig’s), paralysis, Parkinson’s, or any other neurological or brain disease or disorder OR
- HIV or AIDS OR
- Chronic obstructive pulmonary disease (COPD), untreated sleep apnea, or any other lung or respiratory disease or disorder OR
- Crohn’s disease, ulcerative colitis, rectal or intestinal bleeding (not diagnosed as hemorrhoids) OR
- Hepatitis B or C, or any other disease or disorder of the liver (excluding Hepatitis A) OR
- Any kidney disease or disorder for which you require ongoing medical care, treatment or follow-up OR
- Arthritis (excluding osteoarthritis), vasculitis or lupus or any other disease or disorder of the immune system OR
- Alcohol, drug or substance abuse?

Yes No

Provided you are eligible for this insurance, if you answer “NO” to the health question and the amount of insurance you are applying for is \$250,000 or less, this Application will be approved automatically by Canadian Premier Life Insurance Company (the “Insurer”) and your insurance will become effective on the later of the date you signed this Application or the date loan funds are advanced. “Loan” means the loan granted to you by Nova Scotia Farm Loan Board, Nova Scotia Fisheries and Aquaculture Loan Board or Nova Scotia Timber Loan Board.

If you answer “YES” to the health question, or the requested amount of insurance exceeds \$250,000, you will be required to provide additional information about your health. The Insurer will contact you to participate in a confidential telephone interview. The information you provide will become part of the application for insurance. A transcript of the telephone interview is available to you on request. If your Application is approved, your insurance will begin on the later of the date the Insurer advises you in writing that your Application has been approved or the date the Loan funds are advanced. If your Application is not approved, you will be advised in writing by the Insurer.



**NOVA SCOTIA
FARM LOAN BOARD**



**NOVA SCOTIA
FISHERIES & AQUACULTURE
LOAN BOARD**



**NOVA SCOTIA
TIMBER LOAN BOARD**

Please read pages 1 to 3 of this Application before signing.

You have read and understand that insurance coverage on loans is underwritten by the Insurer under Group Policy 575 (the “Policy”), issued to Nova Scotia Farm Loan Board (the “Policyholder”). You are eligible under the Policy if you are a borrower of Nova Scotia Farm Loan Board, Nova Scotia Fisheries and Aquaculture Loan Board or Nova Scotia Timber Loan Board (collectively referred to as the “Board”). You further understand and agree that:

- This insurance is optional.
- You meet the eligibility requirements for life insurance as described in the “Eligibility” section of the Certificate. Insurance begins on the latest of the dates described in “Effective date of insurance” section of the Certificate. Insurance ends on the earliest of the dates described in the “Termination of insurance” section of the Certificate.
- You have received and been given the opportunity to read a copy of this Application and the Certificate. **You understand that there are terms and conditions that may exclude or limit coverage. These terms and conditions include benefit maximums described in the “Maximum benefit” section of the Certificate, as well as other exclusions and limitations described in the “Exclusions and limitations” section of the Certificate.** You agree to be bound by these terms.
- Answers given by you on this Application are true and complete. Any concealment, misrepresentation or false declaration concerning this Application along with any statements furnished as evidence of insurability where required may result in your insurance being void.
- You are responsible for the payment of all premiums and applicable taxes arising from this insurance. Premium rates and the method of calculating premiums are shown in the “Calculation and Collection of Premiums” section of the Certificate.
- You have authorized the Insurer to collect premiums by executing the Personal Pre-Authorized Debit Agreement provided with this Application.
- You may cancel this insurance at any time. If insurance is cancelled within 20 days of receiving the Certificate, you will receive a full refund of premiums and insurance will never have been in force. If cancellation is requested at a later date, there will be no refund except where premiums may have been collected in error.
- An insurance premium debited to your account in error does not make insurance effective if you are otherwise ineligible or uninsurable under the Policy.
- This Application, the Certificate along with any statements given by you as evidence of insurability and any letter of approval from the Insurer forms all terms and conditions of coverage under the Policy.
- You consent to the Board, the Policyholder and the Insurer collecting, using and disclosing to each other relevant information about any Loan that you or your company has with the Board, this Application and any approved coverage under the Policy for the purposes of plan administration, underwriting and claims adjudication. This information includes, but may not be limited to, the following personal and/or confidential information: Loan balance; interest rate; arrears; charges; penalties; name; age; gender; address; and whether or not you or the company you are signing on behalf of is in default of any term or condition of the Loan. You further consent to the periodic disclosure of this information from time to time as may be determined at the sole discretion of the Board for the length of time your insurance coverage under the Policy remains in force. You acknowledge that this direction, consent and authorization to disclose information is intended to satisfy the consent to disclosure provisions of the *Nova Scotia Freedom of Information and Protection of Privacy Act*.
- The Insurer is authorized to collect, use and disclose personal information needed for underwriting, administration and adjudicating claims under the Policy with any person or organization who has relevant information about you in connection with this Application including health professionals, institutions, investigative agencies, insurers and reinsurers. The Insurer’s privacy statement appears on this Application.
- The Insurer or the Board may disclose the status of your insurance coverage to your co-borrower(s).
- The Policyholder has no authority to amend or waive any conditions of this Application, the Certificate or the Policy, or to act on behalf of the Insurer in settling claims.
- All amounts to be paid by the Insurer will be paid to the Board to be applied to the outstanding balance of the Loan.
- Any reference to the Policyholder and Insurer include their agents and service providers.
- A copy of this Application is as valid as the original.

Signature of applicant	Date (dd-mm-yyyy)
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4 Waiver of insurance

By signing in this section, you certify and acknowledge that you have been given the opportunity to apply for Creditor Life Insurance on this Loan as identified in section 1 and you do not wish to apply or you are not eligible for the insurance.

Signature of applicant	Date (dd-mm-yyyy)
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5 Additional information

For more information about this insurance, contact the Canadian Premier Creditor Team by writing to them at 25 Sheppard Avenue West, Suite 1400, Toronto, ON M2N 6S6 or creditorteam@canadianpremier.ca, sending a fax to 1-866-923-8353 or by calling 1-877-271-8713. Please refer to Group Policy 575.

You may visit the Insurer's website at www.canadianpremier.ca

Respecting your privacy – a message from Canadian Premier

Respecting your privacy is a priority for Canadian Premier Life Insurance Company. We collect information from application forms and other information you provide to us or our distribution partners in connection with insurance and/or financial products offered by us, as well as (with your consent) through independent medical or vocational assessments, if applicable, and from physicians, medical practitioners, hospitals, clinics or other medical or medically related facilities, insurance companies, MIB, LLC ("MIB"), and other agents, government agencies or other organizations, institutions, or persons that have health records, if applicable. We collect, use and disclose your personal information for purposes that include: confirming your identity, underwriting, including determining your eligibility or need for insurance and/or financial products you request; administration and servicing; claims adjudication; protecting against fraud, errors or misrepresentations; and meeting legal, regulatory or contractual requirements. We will give access to your personal information only to those of our employees and independent contractors, affiliates within our corporate group, administrators, distribution partners, and other third-party service providers and outsourcers, along with our reinsurers, who need your personal information to do their jobs. We will also provide access to anyone else you authorize. All of our service providers with whom we have a contractual relationship are required to protect your personal information in accordance with this privacy statement and our privacy practices. Sometimes, unless we are otherwise prohibited, these people may be in, or your personal information may be stored on servers located in, other provinces in Canada or in countries outside Canada, so your personal information may be subject to the laws of those other provinces or countries. You can ask for the information in our files about you and, if necessary, ask us in writing to correct it. To find out more about our privacy practices, visit <http://www.canadianpremier.ca/privacy-statement>.

Personal Pre-Authorized Debit Agreement
Loan life insurance



1 Loan Details

Group Policy Number 575	Customer Number	Date (dd-mm-yyyy)
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2 Bank account details

Transit number	Institution number	Account number
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3 Accountholder details

Accountholder first name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	Last name
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4 Conditions and authorizations

To avoid processing delays, complete this form in full, sign, date and attach your void cheque.

You authorize Canadian Premier Life Insurance Company (“Canadian Premier”) to collect the monthly insurance premium (including applicable provincial tax) for this insurance through a Personal Pre-Authorized Debit (PAD) from the account indicated above. You acknowledge that the amount of the monthly premium (including applicable provincial tax) collected through this agreement may vary. This authorization includes the first and any future monthly premium payments, including any subsequent change required to the monthly premium due to a change in your outstanding Loan balance, for which you waive any pre-notification requirement. You understand that the monthly premium is due the first of the month and will be collected on or around the first of each month. If a monthly premium cannot be collected for any reason the sum of premiums due will be collected in the next month.

This authority is to remain in effect until Canadian Premier has received written notification from you of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. You may obtain a sample PAD cancellation form or more information on your right to cancel a PAD Agreement at your financial institution or by visiting www.payments.ca.

Canadian Premier may not assign this authorization to another company or person to permit them to debit your account for these payments (for example where there has been a change in control of the company) without providing at least 10 days, prior written notice to you.

You have certain recourse rights if any debit does not comply with this PAD Agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.payments.ca.

Canadian Premier Life Insurance Company
25 Sheppard Avenue West, Suite 1400, Toronto, ON M2N 6S6 or e-mail credorteam@canadianpremier.ca

You confirm that the person whose signature is required to authorize bank withdrawals has signed below.

Accountholder signature	Date (dd-mm-yyyy)
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Canadian Premier Life Insurance Company, a Securian Financial Company, is the insurer of this product.