

CERTIFICATE OF INSURANCE ASSUR-PAYMENT™

Laurentian Bank Visa* Card

Group credit insurance contract 9000-V

› Life, accidental death and dismemberment,
disability and job loss insurance

Insurer



Industrial Alliance Insurance and Financial
Services Inc.
2200 McGill College Ave
Montréal QC H3A 2S6
Phone: 1-800-361-6002
Fax: 514-499-3773

Credit card issuer and Insurance distributor



Laurentian Bank of Canada
1360 René-Lévesque Blvd. West, suite 600
Montréal QC H3G 0E5
Phone: 1-800-252-1846



Keep this insurance certificate and welcome letter.

These documents constitute your insurance contract. They describe, in detail, your protection in case of death, disability or job loss and how to submit a claim.

Pay attention to the definitions.

The words in **bold and italics** have a very specific meaning. Please read Section 1. *Definitions* to fully understand your coverage.

CONTACT US

General Information: 1-800-252-1846
If you wish to obtain additional information on this insurance or any other product or service offered by the Laurentian Bank.
Submit a claim: 1-800-361-6002
Please read Section 7. <i>Submitting a claim</i> to learn about the deadlines and the applicable process.

GENERAL CONDITIONS, APPLICABLE TO ALL INSURANCE BENEFITS

For the purposes of this certificate, the masculine form includes the feminine unless a different meaning is required from the context. In addition, the singular shall include the plural where required.

1. DEFINITIONS

Unless indicated otherwise, terms used herein retain their usual meaning. However, the terms in **bold and italic** in this document have the following meanings:

Accident: bodily injury which is certified by a **Physician** and results directly from a sudden and unforeseen external cause, and independently from any **Illness** or any other cause. Such injury must occur while the insurance is in effect.

Account Statement Date: the statement date that appears on the monthly account statement sent to the **Primary Cardholder** of the **Credit Account**.

Balance: the amount required (excluding any overdue amount) to release the **Insured Person** in full of any financial obligation towards the **Contract Holder** in relation to the **Credit Account** identified in the insurance application and the welcome letter, including **Regular Transactions, Deferred Payment Financing**, even during the deferred period, and any **Equal Billing Financing**.

Contract Holder: Laurentian Bank of Canada.

Credit Card: Laurentian Bank Visa credit card approved for this insurance by the **Contract Holder** and the **Insurer** and identified on the welcome letter accompanying this certificate of insurance.

Credit Account: variable credit granted to one or more natural persons as the holder of the **Credit Card**.

Deferred Payment Financing: the purchase of a good or service by **Credit Card** and for which payment is deferred for a period determined at the time of purchase, if indicated on the **Credit Account** statement.

Disability:

a) for an **Insured Person** who has performed **gainful employment** during each of the last 4 weeks preceding the onset of the disability, a state of incapacity resulting from an **illness** or **accident**, which requires continuous medical care and which:

- › during the first 12 months, completely prevents the **Insured Person** from performing each and every usual task of his primary occupation;
- › if it lasts more than 12 months, after the first 12 months, completely prevents the **Insured Person** from performing any work that would allow him to receive at least 60% of the regular salary he received prior to his **Disability**, regardless of whether or not such work is available in the area where the **Insured Person** lives.

b) For any other **insured person**, a state of incapacity resulting from an **illness** or **accident** that requires continuous medical care and which prevents the **insured person** from performing all the normal activities of a person of the same age.

The **Illness** or injuries resulting from the **Accident**, as well as the **Insured Person's** incapacity, must be certified by a **Physician**.

Equal Billing Financing: the purchase of a good or service by **Credit Card**, the cost of which is payable through equal, consecutive monthly payments determined at the time of purchase, if indicated on the **Credit Account** statement.

Gainful Employment: work for which the **Insured Person** receives a salary from his employer, or work for which he is paid as a **Self-employed Worker** for the performance of work or the provision of services.

Health Care Professional: any health care professional who is a member in good standing of his professional corporation or association, and who operates within the limits of his abilities, as defined by law.

Illness: any health deterioration which requires continuous and curative care by a **Physician**.

Insured Person:

› the **Primary Cardholder** who meets the eligibility criteria for insurance provided for in Section 2. *Eligibility Conditions* and who enrolled in the insurance in accordance with Section 3. *Enrolment and commencement of the insurance*; and

› any other natural person in whose name the **Credit Account** is established in addition to the **Primary Cardholder** and who meets the eligibility criteria for insurance defined in Section 2. *Eligibility Conditions*.

Insurer: Industrial Alliance Insurance and Financial Services Inc.

Job loss: the involuntary loss of a permanent, non-**Seasonal Job** representing at least 20 paid hours a week and insurable according to Employment and Social Development Canada, i.e. which requires

contributions to the Employment Insurance plan.

Furthermore, the **Insured Person** must have performed this job for the same employer for at least 4 consecutive months immediately prior to the **Job Loss**, and must be entitled to Employment Insurance benefits.

Leave: vacation with or without pay or leave of absence without pay granted by the employer at the request of the **Insured Person**, as well as sick leave, maternity or adoption leave, parental leave or personal leave (death, marriage, moving, jury duty).

Loss of Self-employment: the involuntary loss of a **Self-employed Job** due to the **Insured Person's** cessation of business activities for reasons beyond his control for a period of at least 30 days. Furthermore, the **Insured Person** must have held the same **Self-employed Job** for a period of at least 4 consecutive months immediately prior to the loss of self-employment.

Loss of Use or Dismemberment: the permanent severance of a limb or total and permanent loss of use. "Loss of one eye" means the total and permanent loss of sight in one eye. "Loss of one hand or one foot" means the total and permanent loss of use of one hand or one foot, including the wrist and ankle joint.

Primary Cardholder: **Cardholder** identified as the **Primary Cardholder** on the welcome letter.

Minimum Payment: for the purposes of this insurance, this payment corresponds to the minimum monthly payment due for **Regular Transaction, Equal Billing financing** and **Deferred Payment Financing**, if applicable, as indicated on the **Credit Account** statement (excluding any overdue amount).

Physician: a person legally accredited and authorized to practice medicine within the scope of his accreditation.

Regular Transaction: a cash advance or the purchase of a good or service by **Credit Card**, excluding purchases subject to **Deferred Payment Financing** or **Equal Billing Financing**.

Seasonal Job: job which, due to its nature, is performed only during certain periods and which provides work for less than nine months of the year.

Self-employed Job: job for which the **Insured Person** works as a **Self-employed Worker**.

Self-employed Worker: person who earns income from a private practice, his own company or a company for which he holds shares.

Worker: person who is considered by his employer to be a permanent employee, who works at least 20 paid hours per week and whose employment is insurable according to Employment and Social Development Canada which requires contributions to the Employment Insurance plan.

2. ELIGIBILITY CONDITIONS

The following criteria must be met on the effective date of the insurance:

- › Be between ages 18 and 64 inclusively;

- › Be a resident of Canada; and
- › Be a **Credit Card** holder

3. ENROLMENT AND COMMENCEMENT OF THE INSURANCE

Only the **Primary Cardholder** may, if he meets the criteria defined under Section 2. *Eligibility Conditions*, enroll in this insurance by completing the enrolment form, or by giving his verbal consent to the **Contract Holder** or to its authorized agent.

The insurance takes effect on the date of the enrolment in the **Assur-paymentTM** contract.

4. PREMIUM

The premium is determined based on the total **Balance** indicated on the **Credit Account** statement up to the maximum insured **Balance** defined in Section 6. *Maximum sum insured*.

The premium is established for the coverage of the **Primary Cardholder**. In addition to the **Primary Cardholder**, any other **Insured Person** considered to be a cardholder of the same **Credit Card**, is insured free of charge.

However, no premium associated with the **Balance** of a **Deferred Payment Financing** is billed during the deferred period.

The first premium is determined on the **Account Statement Date** that immediately follows the enrolment of the insurance. The premiums are payable monthly as long as the insurance is in effect and are billed on the account statement following the month during which they are calculated.

The premium rate is not guaranteed and does not vary based on one **Insured Person's** claim.

5. WAIVER OF PREMIUM

When benefits are paid under the Disability or Job loss insurance benefits, the **Insurer** reimburses the **Contract Holder** monthly for the portion of the premium paid which is associated to the applicable sum insured. The **Contract Holder** then credits such reimbursement to the **Insured Person's Credit Account**.

6. MAXIMUM SUM INSURED

The insured **Balance** cannot exceed \$15,000.

The maximum sum insured for all **Insured Persons** is \$15,000 under this certificate of insurance and for all benefits.

The additional amount equal to the sum insured, payable in case of an accidental death as described under section 17. *Benefits*, is excluded from the maximum sum insured calculation.

The monthly benefit for all **Insured Persons** is \$750 under this certificate of insurance and for all benefits.

7. SUBMITTING A CLAIM

Life insurance benefit: A notice of claim must be submitted to the **Insurer** no later than one year after the date of death and must include the supporting documents required by the **Insurer**.

Accidental dismemberment, disability and job loss insurance benefits:

A notice of claim must be submitted to the **Insurer** within 30 days of the date of the event. Written proof with the necessary back up documentation must be submitted within 90 days of the event.

If a notice, or a written proof of claim that would be satisfactory to the **Insurer** is submitted outside the prescribed timeframe, the claim will still be valid if the notice, or written proof of claim is submitted within a reasonable timeframe within a year of the date on which the event occurred, and if it is established that it was reasonably impossible to submit the notice or written proof of claim within the prescribed timeframe.

8. POLICY REVIEW

Once he has enrolled, the **Primary Cardholder** may contact the **Contract Holder** to consult or obtain a copy of the insurance policy.

9. CONTRACT

The policy, appendix, endorsements, insurance certificate, the welcome letter and enrolment form (if applicable) constitute your **Assur-payment^f**™ contract.

The **Insurer** must inform the **Contract Holder**, by means of a written notice sent at least 30 days in advance, of any modification that was made to the contract.

10. EXCLUSION IN THE CASE OF MULTIPLE EVENTS

When the **Insurer** is paying monthly benefits to an **Insured Person** under the Disability or Job Loss insurance, no other claims presented for either of these coverages, under the same **Credit Account**, will be considered receivable until the monthly benefit payments associated with the first claim have ended.

11. TERMINATION OF INSURANCE

This insurance is optional and the **Primary Cardholder** who enrolled may terminate it at any time. If the cancellation is received within 30 days of the beginning of the coverage, any premiums paid will be reimbursed.

Coverage terminates on the earliest of:

- a) on the **Account Statement Date** following the date on which the **Primary Cardholder** informs the **Insurer**, verbally or in writing, of his desire to terminate the insurance;
- b) on the date of termination of the **Assur-payment^f**™ contract between the **Contract Holder** and the **Insurer**;
- c) on the date of revocation of the rights and privileges granted to the **Primary Cardholder** by the **Contract Holder**;
- d) on the date of the **Primary Cardholder's** death;
- e) The day on which the benefits paid reach the maximum sum insured as defined in Section 6. *Maximum sum insured*.
- f) on the **Account Statement Date** following the **Primary Cardholder's** 70th birthday in the case of life and accidental death and dismemberment coverage, or following the **Primary Cardholder's**

65th birthday in the case of Disability and Job Loss coverage.

If an **Insured Person** other than the **Primary Cardholder** is in any of the situations described above in paragraphs c), d) or f), the insurance terminates only in respect of that person.

12. CONTRACT MODIFICATIONS

Should the **Contract Holder** make any changes to its variable credit contracts or its account statements that change the scope of the coverage offered under the **Assur-payment™** contract, the provisions of the latter shall continue to apply as before until an endorsement is added to the contract.

13. PROTECTION OF PERSONAL INFORMATION

The **Insurer** is committed to protecting the privacy of any **Insured Person's** personal information that was collected while providing services under the present insurance. The **Insurer** recognizes and respects a person's right to privacy concerning his personal information. Upon enrolment, the **Insurer** will open a confidential file containing any personal information collected with respect to the **Insured Person**. The file will be kept at the **Insurer's** office. Access to the file will be limited to the **Insurer's** employees, agents, business partners and service providers who require access within the scope of their duties, as well as individuals who were granted access by the **Insured Person**, or who are authorized by law.

For the **Insurer**, the personal information that is collected is used to perform administrative services with respect to the contract of insurance. These services include, but are not limited to:

- a) Determining eligibility under the group plan or any coverage;
- b) Enrolling of **Insured Persons** to the insurance; and
- c) Claim evaluation and settlement

14. RIGHT OF ACCESS TO PERSONAL INFORMATION

An **Insured Person** has the right to access his personal information and to request, in writing, that any inaccurate information be corrected. In addition, the **Insured Person** can request that any outdated or unnecessary information be deleted. If the **Insurer** has medical information about the **Insured Person** which was not obtained directly from the **Insured Person**, the **Insurer** will only release the information to the **Insured Person** through the **Insured Person's Physician**. To request access to his personal information the **Insured Person** must send a written request to the person responsible for information at the address hereunder:

Industrial Alliance Insurance and Financial Services

Access information officer

1080 Grande Allée Street West,
PO Box 1907, Station Terminus,
Quebec, QC G1K 7M3

15. COMPLAINT

The **Insured Person** who wishes to review the **Insurer's** complaint policy or file a complaint may do so by visiting:

<https://ia.ca/corporate/complaint/file-complaint>

LIFE, ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE

16. SUM INSURED

The sum insured corresponds to the **Balance** on the **Account Statement Date** immediately preceding or coinciding with the date of death or the date of the **Accident** resulting in **Loss of use or dismemberment**, whichever occurs first. In addition to the **Balance** indicated on this account statement, the sum insured includes all **Credit Card** transactions made on or before the **Account Statement Date**, even if such transactions do not appear on the statement. Transactions carried out after the date of this statement are not taken into consideration for calculating the sum insured.

The **Insured Person** or his legal heirs must provide the **Insurer**, at the time of the claim, the statements required to calculate the sum insured.

17. BENEFITS

- a) **Life insurance**: The sum insured is payable upon the death of any **Insured Person**.
- b) **Accidental death**: If the death of the **Insured Person** is caused directly by an **Accident** and occurs within 365 days following such **Accident**, the **Insurer** will pay an additional amount equal to the sum insured, up to the maximum sum insured as described under Section 6. *Maximum sum insured*.
- c) **Loss of use or dismemberment**: If, following an **Accident**, an **Insured Person** suffers **Loss of use or dismemberment** of one or more limbs (hand, foot or eye) within a period of 365 days of said **Accident**, the **Insurer** shall pay a total benefit equal to 100% of the sum insured.
 - **Restriction**: If the **Insured Person** dies within 365 days following the **Accident**, no benefit is payable for the **Loss of use or dismemberment**. Only the benefit provided in the event of accidental death is payable.

The total benefits paid for the entire duration of the insurance cannot exceed the maximum sum insured as defined in Section 6. *Maximum sum insured*.

In addition, the sum of benefits paid by the **Insurer** for a single event shall not exceed the authorized limit of the **Credit Account**.

18. PAYMENT OF BENEFITS

Any death or **Loss of use or dismemberment** benefit whose payment was approved by the **Insurer** is paid to the **Contract Holder** for the benefit of the **Insured Person**. The **Contract Holder** then credits the **Insured Person's Credit Account** with this amount.

19. RESTRICTION IN CASE OF SUICIDE

The suicide of the **Primary Cardholder** during the first two years of insurance results in the termination of the insurance for all **Insured Persons**. The **Insurer's** only obligation will then be to refund all premiums.

20. RESTRICTIONS AND EXCLUSIONS

No benefit is payable if the death or dismemberment of the **Insured Person** results directly or indirectly from any of the following causes:

- a) a suicide, attempted suicide or self-inflicted injury, regardless of any impairment, **Illness**, or state of mind.
- b) chronic or excessive consumption of alcohol;
- c) any overdose from any substance or drug of any kind, whether legal or not and whether prescribed to the **Insured Person** or not;
- d) participation in a criminal act, a military operation, insurrection, riot or civil unrest or;
- e) flight or attempted flight in an aircraft, except when riding as a passenger (and not as a pilot or crew member);
- f) injuries suffered when the **Insured Person** was operating a motor vehicle while under the influence of narcotics or with a blood alcohol concentration in excess of 80 milligrams per 100 millilitres of blood (0.08).

Pre-existing conditions

No benefits are payable for a death:

- a) that occurs during the first year of insurance; and
- b) that is attributable to an **Illness** or injury for which the **Insured Person** was treated:
 - during the 6 months prior to the beginning of insurance; and
 - during the 6 months following the beginning of insurance.

The **Insurer** does not pay any benefits in respect of any **Equal Billing** or **Deferred Payment Financing** for a death:

- a) that occurs during the first year after the purchase; and
- b) that is attributable to an **Illness** or injury for which the **Insured Person** has been treated:
 - during the 6 months preceding the purchase; and
 - during the 6 months following the purchase.

The **Insurer** considers an **Insured Person** to have been treated for an **Illness**, for any symptoms associated with an **Illness**, or for an injury, when the **Insured Person** has:

- a) consulted a **Physician** or another **Health Care Professional**, or received treatments from such specialist;
- b) undergone tests;
- c) taken drugs prescribed by a **Physician**; or
- d) been hospitalized

DISABILITY INSURANCE

21. SUM INSURED

The sum insured corresponds to the **Balance** on the **Account**

Statement Date immediately preceding or coinciding with the date of **Disability**. In addition to the **Balance** indicated on this account statement, the sum insured includes all **Credit Card** transactions performed on or before the **Account Statement Date**, even if such transactions do not appear on the statement. Transactions carried out after the date of this statement are not taken into consideration for calculating the sum insured.

The **Insured Person** or the legal heirs must provide the **Insurer**, at the time of the claim, the statements required to calculate the sum insured.

22. BENEFIT AMOUNT

The monthly benefit shall correspond to the **Minimum Payment** required by the **Contract Holder** on the account statement for the date coinciding with or immediately preceding the onset of **Disability**.

During the indemnity period, the monthly benefit may be adjusted to take into account the sum insured.

The **Insurer** agrees to pay 1/30 of the monthly benefit for each day of **Disability** during which the **Insured Person** is entitled to this benefit under the present contract.

The monthly benefit for an **Insured Person** may not exceed the maximum monthly benefit as defined in Section 6. **Maximum sum insured**.

The total benefits paid during the entire duration of the insurance may not exceed the maximum sum insured as defined under Section 6. **Maximum sum insured**.

23. PAYMENT OF BENEFITS AND WAITING PERIOD

Payment of benefits: All **Disability** benefit payments approved by the **Insurer** shall be paid to the **Contract Holder** for the benefit of the **Insured Person**. The **Contract Holder** shall then credit the **Insured Person's** account for this amount.

Waiting period:

- i) The **Insurer** pays benefits starting from the first day of **Disability** as long as such **Disability** lasts for a continuous period of at least 30 days for the **Insured Person** who performed **Gainful Employment** as a **Worker** or **Self-employed Worker** for each of the four weeks preceding the onset of **Disability**.
- ii) For any other **Insured Person**, the **Insurer** pays benefits starting from the 91st consecutive day of **Disability**.

24. SUCCESSIVE PERIODS OF DISABILITY

The **Insured Person** who is receiving **Disability** benefits does not have to satisfy the waiting period requirements again in the case of successive periods of **Disability** resulting from the same **Illness** or **Accident**, if such periods are separated by a period of less than 90 days during which the **Insured Person** was not disabled. The waiting period shall not apply again, and each **Disability** period shall be considered a continuation of the previous one. The total monthly benefits paid for all successive periods of **Disability** shall not exceed the sum insured that was calculated during the first **Disability** period.

25. TERMINATION OF BENEFITS

Benefits shall automatically terminate upon the earliest of the following dates:

- a) the date the **Insured Person** is no longer disabled, is performing **Gainful Employment**, receiving training or returns to school;
- b) the date the sum insured (excluding accrued interest) has been paid in full by the **Insurer**;
- c) the date the insurance terminates as provided in Section 11. *Termination of benefits*

26. RESTRICTIONS AND EXCLUSIONS

No benefit is payable if the **Disability** of the **Insured Person** results directly or indirectly from any of the following causes:

- a) a self-inflicted injury, unless medical evidence establishes that the injury was directly related to a mental health **Illness**;
- b) chronic or excessive consumption of alcohol;
- c) participation in a criminal act, a military operation, insurrection, riot or civil unrest;
- d) flight or attempted flight in an aircraft, except when riding as a passenger (and not as a pilot or crew member); or
- e) injuries suffered when the **Insured Person** was operating a motor vehicle while under the influence of narcotics or with a blood alcohol concentration in excess of 80 milligrams per 100 millilitres of blood (0.08).

Pre-existing conditions

No benefits are payable for a **Disability**:

- a) that occurs during the first year of insurance; and
- b) that is attributable to an **Illness** or injury for which the **Insured Person** was treated:
 - during the 6 months prior to the beginning of insurance; and
 - during the 6 months following the beginning of insurance.

The **Insurer** does not pay any benefits in respect of any **Equal billing** or **Deferred payment financing** for a **Disability**:

- a) that occurs during the first year after the purchase; and
- b) that is attributable to an **Illness** or injury for which the **Insured Person** has been treated:
 - during the 6 months preceding the purchase; and
 - during the 6 months following the purchase.

The **Insurer** deems an **Insured Person** to have been treated for an **Illness**, for any symptoms associated with an **Illness**, or for an injury, when the **Insured Person** has:

- a) consulted a **Physician** or another **Health Care Professional**, or received treatments from such specialist;
- b) undergone tests;

- c) taken drugs prescribed by a **Physician**; or
- d) been hospitalized.

27. PROOF OF DISABILITY

The **Insured Person** is responsible for providing the **Insurer** with satisfactory proof of **Disability**. Such proof may include the opinion of a specialist physician and copies of test results.

The **Insurer** may require at any time for the **Insured Person** to:

- a) provide satisfactory proof of continuing **Disability**;
- b) be examined by one or more **Physicians** or **Health Care Professionals** designated by the **Insurer**.

JOB LOSS INSURANCE

28. SUM INSURED

The sum insured corresponds to the **Balance** on the **Account Statement Date** immediately preceding or coinciding with the date the **Insured Person** was notified of the loss of his job by his employer. In addition to the **Balance** indicated on this account statement, the sum insured includes all **Credit Card** transactions performed on or before the **Account Statement Date**, even if such transactions do not appear on the statement. Transactions carried out after the date of this statement are not taken into consideration for calculating the sum insured.

The **Insured Person** or the legal heirs must provide the **Insurer**, at the time of the claim, the statements required to calculate the sum insured.

29. BENEFIT AMOUNT

The monthly benefit shall correspond to the **Minimum Payment** required by the **Contract Holder** on the account statement for the date coinciding with or immediately preceding the date of the **Job Loss** or **Loss of Self-employment**.

During the indemnity period, the monthly benefit may be adjusted to take into account the sum insured.

The **Insurer** agrees to pay 1/30 of the monthly benefit for each day of unemployment during which the **Insured Person** is entitled to this benefit under the present contract.

The monthly benefit for an **Insured Person** may not exceed the maximum monthly benefit as defined in Section 6. *Maximum sum insured*.

The total benefits paid during the entire duration of the insurance may not exceed the maximum sum insured as defined under Section 6. *Maximum sum insured*

30. PAYMENT OF BENEFITS AND WAITING PERIOD

Payment of benefits: All **Job Loss** benefit payments approved by the **Insurer** shall be paid to the **Contract Holder** for the benefit of the **Insured Person**. The **Contract Holder** shall then credit the **Insured Person's** account for this amount.

Waiting period: The **Insurer** pays benefits starting from the 31st consecutive day following the date of the **Job Loss**.

Eligibility for benefits following an indemnity period: After an indemnity period, the **Insured Person** shall once again become eligible for benefits if he once again meets the **Job Loss** criteria set out in Section 1. *Definitions*.

31. TERMINATION OF BENEFITS

Benefits shall automatically terminate upon the earliest of the following dates:

- a) the date the **Insured Person** performs **Gainful Employment** or returns to school full time;
- b) when the sum insured (excluding accrued interest) has been paid in full by the **Insurer**;
- c) when the insurance terminates as provided in Section 11. *Termination of benefits*.

32. EXCLUSIONS

The **Insurer** does not pay any benefit in the event of any of the following:

- a) loss of a job that does not meet the definition of Job Loss or Loss of Self-employment in accordance with section 1. *Definitions*;
- b) **Job Loss** that the **Insured Person** was aware of at the time of enrolment;
- c) **Job Loss** that occurs within 30 days following the beginning of insurance;
- d) **Job Loss** associated with voluntary resignation;
- e) **Job Loss** associated with a strike, lockout, fraud or criminal infraction;
- f) **Job Loss** associated with the termination of a fixed-term contract;
- g) **Leave** that does not terminate the employment relationship;
- h) any termination of employment associated with retirement.

33. PROOF OF JOB LOSS

The **Insured Person** is responsible for providing the **Insurer** with satisfactory proof of **Job Loss** and continuing unemployment.

APPENDIX 5 (A.31) - NOTICE OF CANCELLATION OF AN INSURANCE CONTRACT

NOTICE GIVEN BY THE DISTRIBUTOR

In accordance with Section 440 of the *Act respecting the distribution of financial products and services* (Chapter D 9.2).

THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS.

The Act allows you to cancel this insurance contract without penalty within 10 days of signing it. The **Insurer** may however grant you a longer period.

To do so, you must give the **Insurer** notice within the allotted time frame by registered mail or any means providing a confirmation of receipt.

Despite the cancellation of such insurance contract, the first contract will remain in force. Beware that you may lose advantageous conditions that were extended to you due to this contract. Contact your distributor or check your contract for more information.

Once the applicable period is expired, you may cancel your insurance at any time, but penalties may apply.

For further information, contact the Autorité des marchés financiers 1-877-525-0337 or visit www.lautorite.qc.ca

NOTICE OF CANCELLATION OF AN INSURANCE CONTRACT

To: Industrial Alliance Insurance and Financial Services Inc.
2200 McGill College Ave,
Montreal, QC H3A 2S6

Date: _____
(date notice is sent)

Under Section 441 of the Act respecting the distribution of financial products and services, I hereby cancel insurance contract no.:

(contract number, if available)

Agreed on: _____
(date contract was signed)

In: _____
(place contract signed)

(name of the client)

(signature of the client)

SPECIMEN

SPECIMEN



*Visa Int./Licensed User.

™ Trademark of the Laurentian Bank of Canada.

iA Financial Group is a business name and trademark of Industrial Alliance Insurance and Financial Services Inc.