

ACCIDENT RECOVERY CASH PLAN



Please enroll me and my eligible family members (if family plan is selected) in the **ACCIDENT RECOVERY CASH PLAN.**

PERSONAL INFORMATION

Select the Plan that suits your needs and budget.

01H **\$13.95¹ PER MONTH FOR ME AND MY ELIGIBLE FAMILY** 01G **\$9.45¹ PER MONTH FOR ME ONLY**

Note: Rates shown are for renewal after 60-day prepaid period.

Name _____ Address _____

Gender Male Female Date of birth Y Y Y Y | M M | D D City _____

Spouse's name _____ Province _____ Postal Code _____

Gender Male Female Date of birth Y Y Y Y | M M | D D Home Telephone _____

1 Provincial sales tax will be added, if applicable.

STATEMENTS AND AUTHORIZATIONS

I authorize National Bank Life Insurance Company to include my name, address and telephone number in his list of clients for business or charitable prospecting by the Insurer or any person to whom he agrees to release this list, and I reserve the right to terminate this authorization at any time by verbal or written request to the Insurer.

I undertake to inform you immediately, in writing, of any change to my name, address and telephone number so that you can update your files.

I hereby authorize the Insurer to deduct from my account indicated below, each month, all amounts required for the insurance premium under this application.

PRE-AUTHORIZED DEBIT APPLICATION - PAYOR'S PAD AGREEMENT 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, personal pre-authorized debits (PADs) on my account held at the financial institution designated below, on a monthly basis starting with the payment of the initial premium. The date of payment of the initial premium will be indicated in the document confirming my coverage which I will receive when the insurance policy is mailed, subject to approval of my application by the Insurer.

Each withdrawal corresponds to a fixed amount which can be modified, in particular should the withdrawal of the initial premium not be accepted, provided the Insurer sends me a written notice at least 10 days before the deadline of the modified withdrawal.

Waiver: I waive any other confirmation before the first payment. I waive my right to receive notification should the amount of the withdrawal change.

Change or cancellation: I agree to notify the Insurer, at least five 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. I may obtain a sample cancellation form, or further information on my right to cancel a PAD Agreement, at my financial institution or by visiting the Canadian Payments Association website at www.cdnpay.ca. **I release** the Institution from any liability if the revocation is not respected, except in the case of gross negligence on its part.

Reimbursement: I have certain recourse rights if a debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Personal PAD Agreement. For more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Consent to the disclosure of information: I agree and understand that the information contained in my pre-authorized debit application will be disclosed to the financial institution, to the extent that such disclosure is directly related to and necessary for the proper application of regulations related to pre-authorized debits.

PAYMENT AUTHORIZATION AND INFORMATION ABOUT THE ACCOUNT (SELECT ONE OPTION ONLY.)

PRE-AUTHORIZED CHEQUING

Name of the Financial Institution where the account is held _____

Institution No. _____ Transit No. _____ Account No. _____

IMPORTANT: Attach a personal cheque marked "VOID" to avoid any transcription errors.

PAYEE

National Bank Life Insurance Company, 1100 University, 5th Floor, Montreal, Quebec, H3B 2G7
Telephone: 1-877-871-7500 Fax: 514-394-6604

MASTERCARD

5 2 5 8 _____

MM | AA

Card No.

Expiry Date

EXCLUSIONS

No benefits will be paid for any loss or injury sustained in the following circumstances:

Self-inflicted: intentionally, while sane or insane;

War: or act of war – whether declared or not;

Consumption of drugs: if the loss or injury is caused by or results from the use or taking by the covered person of any narcotic, barbiturate or any other drug, unless taken or used as prescribed by a physician;

State of intoxication: when the covered person's blood alcohol level is 80 mg of alcohol per 100 ml of blood or higher;

Aviation: when the covered person is a non-fare-paying passenger or acting as a pilot or crew member in any aircraft;

Offence: when the covered person is committing or attempting to commit a criminal offence; or

Disease: if the loss or injury results from disease, bodily or mental infirmity or a medical or surgical treatment of these.

SIGNATURE

X _____
Client's Signature Date Y Y Y Y | M M | D D

X _____
Spouse's Signature Date Y Y Y Y | M M | D D

Access to personal information

In order to protect the confidentiality of the personal information that is held on you, National Bank Insurance Company shall establish an insurance file in which the information regarding your application for insurance and any claim will be included. Only those employees or agents who are responsible for underwriting, administration, investigation and claims including the reinsurer, or any other person authorized by you, will have access to this file. Your file will be held in the Insurer's office. You will be entitled to have access to the personal information contained in your file, and if appropriate, have it corrected by sending a written request to: National Bank Life Insurance Company, Personal Information Officer, 1100 University, 5th Floor, Montreal, Quebec H3B 2G7.

QUESTIONS?

Please call us toll-free at 1-877-871-7500

A Customer Service Representative will be pleased to assist you.

MAIL BOTH PAGES OF YOUR ENROLLMENT FORM TO:

National Bank Life Insurance Company
Customer Service
PO Box 482 Station B,
Montreal, QC H3B 3K3