ScotiaLife Financial

Scotia Line of Credit Protection Application

INFORMATION ABOUT YOU

Primary Borrower		Co-Borrower	
NAME Sandra Green		NAME	
DATE OF BIRTH (MM/DD/YYYY) 08/13/1952		DATE OF BIRTH (MM/DD/YYYY)	
PHONE (HOME) 250 868-0879	PHONE (OTHER) 250 868-0879	PHONE (HOME)	PHONE (OTHER)

CURRENT ADDRESS (NUMBER, STREET)	CITY	PROVINCE	POSTAL CODE
605 Barrera Road, 3	Kelowna	BC	V1W 3C9

INFORMATION ABOUT YOUR LINE OF CREDIT

SERVICING BRANCH NUMBER	BRANCH PHONE NUMBER
11130	250 717-2585

LINE OF CREDIT NUMBER	TOTAL ESTIMATED PREMIUM*	
1852911	7.28	For every $1,000 of Line of Credit account outstanding daily balance. (Sales Tax will be added as applicable for Ontario and Quebec residents)

* This is the total estimated premium based on your eligible Line of Credit limit and the insurance coverage for which you are applying. For more details on the premium rates and how your premium is calculated, please refer to the Scotia Line of Credit Protection booklet. Once your application is approved, you will receive a confirmation of coverage and a Certificate of Insurance.

TYPE OF INSURANCE COVERAGE	Primary Borrower	Co-Borrower
Life (Maximum Coverage Amount of $500,000 per account or $500,000 for all accounts combined)	[X] Yes [ ] No	[ ] Yes [ ] No
Critical Illness (Max. Coverage Amount of $150,000 per account or $300,000 for all accounts combined)	[ ] Yes [X] No	[ ] Yes [ ] No
Disability Insurance (Maximum Benefit Amount of $3,000 per month for up to 24 months)	[X] Yes [ ] No	[ ] Yes [ ] No

HEALTH QUESTION REQUIREMENTS

If you are applying for Life coverage on your Line of Credit, you will be approved for coverage up to $150,000 without answering the Health Questions. For coverage over $150,000, you are required to answer the applicable health question(s) below.

If you are applying for Disability Insurance on your Line of Credit, you are approved for coverage up to $50,000. For coverage above $50,000, you are required to answer the applicable health question(s) below.

HEALTH QUESTIONS

If you answer 'Yes" to any of the Health Questions in this section, the applicable Insurer will contact you to review your health information. You are not required to complete this section if you are waiving ALL Insurance Coverage

	Primary Borrower	Co-Borrower
For Life and Disability insurance coverage, you must answer the following question:		
1. Within the past five years have you been diagnosed with or had any known indication of, or taken medication, or had an abnormal test result, received treatment, counseling, required follow-up or seen a physician or other health care professional for: • Medical problems related to your heart or circulatory system, high blood pressure, high cholesterol levels, stroke, cancer, tumour, leukemia, lupus, asthma, any lung or respiratory disorder, OR • Diabetes, hepatitis, liver or kidney disease, medical problems related to your stomach, bowel, rectum, bladder or prostate, disorder of the uterus or ovaries, paralysis, rheumatoid arthritis, multiple sclerosis, epilepsy or any disorder of the nervous system, OR • AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex) or HIV (Human Immunodeficiency Virus), alcohol or substance abuse, anxiety, depression or other mental, nervous or psychiatric disorder?	[ ] Yes [ ] No [ ] Not Required	[ ] Yes [ ] No [ ] Not Required
For Disability Insurance, you must answer this additional question:		
2. Within the past five years have you ever had disorders, sprains, strains or other problems of the muscles, bones, ligaments, tendons, back, neck, shoulders, hips, elbows or any other joints, or had arthritis, chronic fatigue syndrome or fibromyalgia?	[ ] Yes [ ] No [ ] Not Required	[ ] Yes [ ] No [ ] Not Required

Please read the following section carefully before signing this Application Form.

You acknowledge and declare that:

- You are applying for Scotia Line of Credit Protection and have received and read the Scotia Line of Credit Protection booklet (Distribution Guide for Quebec Applicants). You understand and agree to the terms and conditions of the **optional** Scotia Line of Credit Protection insurance plan including those terms that may limit or exclude coverage such as any Pre-Existing Condition(s).
- You are a Borrower or Co-borrower of a Line of Credit account in good standing, a Canadian resident, 18 and under 65 years of age; and If you are applying for Disability Insurance, you are actively working at least 20 hours per week (Seasonal workers must have proven work history).
- All of the information you have provided in this Application Form and any other information provided in applying for any insurance coverage is true and complete. You understand and agree that any false statement, material misrepresentation or deliberate omission in this Application Form or in any other statement or answer provided may cause any insurance coverage issued to be null and void.
- You can cancel coverage at any time and if you cancel within 30 days of date of coverage, any premiums paid will be refunded to you.
- You authorize the applicable Insurer to use and exchange relevant information about you with Scotiabank for the purpose of underwriting, administering and adjudicating claims under the Group Policy issued by the applicable Insurer.
- You authorize Scotiabank to collect your insurance premium and any applicable sales tax and forward it to the applicable Insurer.
- You authorize the applicable Insurer, its reinsurers, representatives, agents or third party service providers contracted by the applicable

Scotiabank®

Creditor Insurance Disclosure Form

Mortgage Number: 1852911

Applicant 1: Sandra Green

Address: 605 Barrera Road, 3 Kelowna BC V1W 3C9

Applicant 2: _____

Address : _____

Please read the following information concerning your application for Mortgage Protection and/or Line of Credit Protection "Creditor Insurance" coverage.

- If at any time you change the amount of Creditor Insurance being applied for or the allocation of funds between lending products, then the applicable premium quoted is subject to change
- Creditor Insurance coverage is subject to the Insurer's underwriting terms and requirements, coverage details, limitations and exclusions and benefit maximums. These will be set out in a certificate which will be given to you.
- Additional application(s) for Creditor Insurance may be required if the final lending product or combination of lending products chosen is not the same as the original application.
- If the amount of coverage to be provided changes, you will not be required to complete a new insurance application form. Your initial insurance application will be deemed amended to take into account the changes you have requested.
- The Insurer will contact you if any underwriting is required based on the insurance options you have chosen and any subsequent changes to those options.
- You will receive a letter after the closing of the mortgage confirming who is insured, the final coverage amount and premiums for your chosen insurance coverage. Your coverage can also be confirmed at the time of the closing of the mortgage.
- You will receive a Creditor Insurance product disclosure package specific to the coverage you have been approved for in the mail.

Please acknowledge, by signing below, you have read, understood, and agree with the above.

The Applicants have requested that this form be drafted in English.
Les parties ont exigé que cette demande soit rédigée en anglais.

_____
Applicant 1 (Please sign)

_____
Applicant 2 (Please sign)

Date: _____
(YYYY/MM/DD)