



## DISTRIBUTION GUIDE

---

### **FLEXITI FINANCIAL INC.**

**Insurance Product: FLEXITI FINANCIAL PAYMENT DEFENDER PLAN**

**Group Policy Number** FL-04012018-L

#### **Type of Insurance Product:**

GROUP CREDITOR INSURANCE PROVIDING COVERAGE FOR

INVOLUNTARY UNEMPLOYMENT (including Self

Employed Individuals

CRITICAL ILLNESS

DISABILITY

LOSS OF LIFE & DISMEMBERMENT (from age 65, ACCIDENTAL DEATH)

Any questions  
regarding claims, or  
coverage  
please contact:

**TRANS GLOBAL LIFE INSURANCE**  
c/o Assurant Services Canada Inc.  
5000 Yonge Street, Suite 2000  
Toronto, Ontario M2N 7C9

Telephone: 1-905-305-4261  
Toll Free: 1-877-305-4265  
Fax: 1-844-930-6021

#### **Distributor's Contact Information:**

FLEXITI FINANCIAL INC.  
Suite #1000, 100 University Avenue  
Toronto, Ontario  
M5J 1V6

*Responsibility of l'Autorité des marchés financiers does not express an opinion on the quality of the product offered in this guide. The insurer is responsible for any discrepancies between the wording of the guide and of the policy.*

# TABLE OF CONTENTS

---

INTRODUCTION .....	3
DEFINITIONS.....	3
DESCRIPTION OF THE PRODUCT OFFERED	
a) Nature of the coverage .....	5
b) Summary of the specific features .....	5
i) Conditions of Eligibility.....	5
ii) Beneficiary of the Insurance .....	8
iii) Waiting Period.....	8
iv) Confirmation of Coverage .....	8
v) Premium.....	8
EXCLUSIONS, RESTRICTIONS OR REDUCTIONS IN COVERAGE .....	9
CANCELLATION	
a) Cancellation in the First 60 Days .....	10
b) Cancellation after 60 Days .....	10
c) Cancellation by the Insurer .....	11
d) End of the Insurance Coverage .....	11
PROOF OF LOSS OR CLAIM	
a) Submission of a claim.....	11
b) Insurer's Reply.....	12
c) Appeal of an Insurer's Decision and Recourses.....	12
SIMILAR PRODUCTS.....	12
REFERRAL TO THE AUTORITÉ DES MARCHÉS FINANCIERS .....	12

# INTRODUCTION

---

The purpose of this distribution guide is to describe the optional balance payment insurance offered on the Flexiti Loan Account, in a manner that is easy for you to understand. In addition, it is intended to allow you to determine whether the insurance product offered meets your needs, without having a personal insurance advisor or an agent present.

This guide is provided for informational purposes only. Benefits will be paid in accordance with the terms of the Certificate of Insurance.

# DEFINITIONS

---

In this Distribution Guide, the CAPITALIZED words are defined as follows:

**ACCIDENTAL DEATH:** Death through accidental means sustained directly and independently of all other causes. The death must occur within 100 days from date of the accident.

**ACCOUNT:** Your FLEXITI LOAN.

**CANCER:** Any malignant tumor characterized by the uncontrolled growth and spread of malignant cells and invasion of tissue. CANCER includes leukemia and Hodgkin's disease but does not include:

- Tumors which are pre-malignant, non-invasive or CANCER in situ;
- Stage A prostate CANCER, Duke's Stage A colon CANCER, or any pre-malignant lesions, benign tumors or polyps;
- Kaposi's sarcoma; and
- Any skin CANCER that is not malignant invasive melanoma and that has not exceeded .75 millimeters in depth.

**CORONARY ARTERY BY-PASS GRAFT:** means the undergoing of heart surgery to correct the narrowing or blockage of one or more coronary arteries using venous or arterial grafts. CORONARY ARTERY BY-PASS GRAFT does not include:

- Angioplasty (percutaneous transluminal coronary angioplasty);
- Laser relief of an obstruction; stent insertion; coronary angiography; or
- Any other intra-catheter technique.

The surgery must be deemed medically necessary by a physician who is board certified cardiologist.

**CRITICAL ILLNESS:** one of the following illnesses or conditions - CANCER, HEART ATTACK, STROKE, CORONARY ARTERY BY-PASS GRAFTS, KIDNEY FAILURE and MAJOR ORGAN TRANSPLANT.

**DATE OF LOSS:** The date when:

- your INVOLUNTARY UNEMPLOYMENT or TOTAL DISABILITY starts; or
- your CRITICAL ILLNESS is diagnosed; or
- your DISMEMBERMENT or death occurs.

**DISMEMBERMENT:** The total or irrecoverable loss sustained directly and independently of all other causes of:

- sight in both eyes;
- a hand by complete severance through or above the wrist; or
- a foot by complete severance through or above the ankle joint.

**EFFECTIVE DATE:** Insurance coverage begins on the date that the LENDER or the INSURER receives your signed application or digital confirmation of enrollment for insurance.

**EMPLOYER:** The person or entity by which you are employed. It cannot be you or any person or entity controlled by or affiliated with you.

**GAINFULLY EMPLOYED:** You are employed on a full-time basis for salary or wages for a minimum of 25 hours per week.

**HEART ATTACK:** Is the death of a portion of the heart muscle as a result of inadequate blood supply that has resulted in the medical diagnosis of acute myocardial infarction.

**INSURER:** Trans Global Life Insurance

**INVOLUNTARY UNEMPLOYMENT:** While this insurance is in effect, your employment stops or is suspended as a result of:

- layoff: which means a temporary or permanent suspension of your employment by an action of your EMPLOYER; or
- employment termination: which means a complete end of your employment by action of your EMPLOYER.

**KIDNEY FAILURE:** Means end stage, irreversible failure of both kidneys to function, provided that a physician who is board certified has determined that such failure requires either:

- immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least 6 months; or
- a kidney transplant.

**LENDER:** Flexiti Financial Inc. to whom the debt is owed.

**MAJOR ORGAN TRANSPLANT:** Means the actual undergoing as a recipient of a transplant of a heart, lung, pancreas, kidney or liver.

**MONTHLY PAYMENT:** Is based on the various purchase plan amounts that make up your FLEXITI LOAN OUTSTANDING BALANCE on your DATE OF LOSS and will be calculated to include:

- a) Regular Purchases .....the purchase plan's minimum payment amounts
- b) Deferred Payment Financing .....5% of its purchase plan amounts
- c) Equal Instalments Financing .....the purchase plan's minimum payment amounts
- d) Other than ACCOUNT types (a), (b) and (c) .....5% of its purchase plan amounts

**OUTSTANDING BALANCE:** The amount that appears on your account statement plus any unpaid purchases or charges made prior to the date of occurrence.

**PRE-EXISTING CONDITION:** A sickness or injury for which you received medical advice, consultation, diagnosis, investigation or for which treatment was required or recommended by a doctor during the 6 months prior to the EFFECTIVE DATE.

**PRIMARY BORROWER:** The person whose name appears first on the FLEXITI LOAN application or statement.

**STROKE:** Any cerebrovascular incident producing death of a portion of the brain as a result of thrombosis, intracranial or subarachnoid hemorrhage or embolization from an extracranial source.

**TOTAL DISABILITY OR TOTALLY DISABLED:** Refers to a disability which is caused by an accidental injury or sickness, and which continues uninterrupted for 30 consecutive days. The disability must prevent you from performing for compensation any work for which you are reasonably fit by education, training or experience.

## DESCRIPTION OF THE PRODUCT OFFERED

---

### a) NATURE OF THE COVERAGE

This insurance product upon eligibility protects the balance of your FLEXITI LOAN.

In the event of INVOLUNTARY UNEMPLOYMENT of an Individual or INVOLUNTARY UNEMPLOYMENT for a Self-Employed Individual as a result of your business being involuntarily petitioned into bankruptcy by your creditors and you remain unable to generate any income during the period of 30 consecutive days after the EFFECTIVE DATE and while insured or of TOTAL DISABILITY, the INSURER will pay for up to 12 MONTHLY PAYMENTS due on your ACCOUNT at the date of occurrence. The total MONTHLY PAYMENTS will not exceed the lesser of the OUTSTANDING BALANCE at the DATE OF LOSS or the maximum of \$25,000.

In the event of DEATH, DISMEMBERMENT or the diagnosis for the first time of a CRITICAL ILLNESS, the INSURER will pay the OUTSTANDING BALANCE of your FLEXITI LOAN to a maximum of \$25,000.

### b) SUMMARY OF THE SPECIFIC FEATURES

#### i) CONDITIONS OF ELIGIBILITY

To be eligible for the coverage offered by this insurance you must meet the following conditions, as of the EFFECTIVE DATE:

- be a FLEXITI LOAN account holder;
- request the insurance;
- agree to pay the monthly premium; and
- be at least 18 years of age;

The insurance covers you as PRIMARY BORROWER, in the event of INVOLUNTARY UNEMPLOYMENT, DEATH, DISMEMBERMENT, CRITICAL ILLNESS or TOTAL DISABILITY life coverage converts to ACCIDENTAL DEATH coverage at the age of 65.

In the event of your simultaneous DEATH or DISMEMBERMENT, only one benefit will be paid.

Over the life of this insurance plan only one CRITICAL ILLNESS benefit will be paid for you

To be eligible for CRITICAL ILLNESS benefits, you must:

- be insured under this plan at the DATE OF LOSS;
- be diagnosed for the first time in one's life with one of the following illnesses or conditions: CANCER, HEART ATTACK, STROKE, CORONARY ARTERY BY-PASS GRAFTS, KIDNEY FAILURE and MAJOR ORGAN TRANSPLANT;
- survive more than 30 days after the initial diagnosis; and
- be less than 65 years of age at the DATE OF LOSS;

To be eligible for the death benefit, you must:

- be insured under this plan at the DATE OF LOSS; and
- be less than 65 years of age at the DATE OF LOSS.

To be eligible for DISMEMBERMENT benefit, you must:

- be insured under this plan at the DATE OF LOSS;
- lose a hand at or above the wrist; or
- lose a foot at or above the ankle; or
- loss sight in both eyes; and
- be less than 65 years of age at the DATE OF LOSS.

To be eligible for INVOLUNTARY UNEMPLOYMENT for an individual benefits you must:

- be the PRIMARY BORROWER;
- be insured under this plan at the DATE OF LOSS;
- be GAINFULLY EMPLOYED at the DATE OF LOSS; and
- be registered and eligible for Employment Insurance benefits with Human Resources Development Canada.

To be eligible for ongoing INVOLUNTARY UNEMPLOYMENT benefits you will be asked to provide proof of your continued unemployment and that you are actively seeking full-time employment. Normally, each month you will be asked to provide Employment Insurance benefit payment advices.

To be eligible for INVOLUNTARY UNEMPLOYMENT for a Self-Employed Individual you must

- Be the PRIMARY BORROWER;
- You must have been insured under the Policy and working in a capacity earning taxable revenue pursuant to the *Canada Revenue and Taxation Act* on a permanent basis, working full-time at the DATE OF LOSS, (which is defined as working a minimum of 25 hours each week), in a legally incorporated business that has been operating in Canada for a period of no less than 2 continuous years prior to the EFFECTIVE DATE of the Trans Global Life Insurance Policy.
- You shall have been involuntarily unemployed for more than 30 consecutive days;
- Prior to your involuntarily unemployment, as a self-employed individual, you shall have been paying employment Loan payment obligations to Human Resources and Social Development Canada (HRDC) and/or any of its successor entities.

- While you are involuntarily unemployed, as a self-employed individual, you must be available to work full-time and you may be required to provide evidence that you are actively seeking employment.

To be eligible for disability benefits you must:

- become totally disabled as a result of an accidental bodily injury or a sickness;
- be the PRIMARY BORROWER;
- be insured under this plan at the DATE OF LOSS;
- be GAINFULLY EMPLOYED at the DATE OF LOSS; and
- be regularly attended to by a licensed physician or surgeon.

To be eligible for ongoing disability benefits you may be asked from time-to-time to provide proof of your ongoing total disability. Normally, proof will consist of a statement from your attending physician or surgeon.

#### RE-ELIGIBILITY

After the completion of payments of benefits under a TOTAL DISABILITY claim, you will be re-eligible for the benefits, if you have returned to work:

- For a period of at least 60 consecutive days; and
- Resume permanent full-time employment 25 or more hours per week.

After the completion of payments under an INVOLUNTARY UNEMPLOYMENT claim, you will be re-eligible for INVOLUNTARY UNEMPLOYMENT benefits if you have returned to work:

- for a period of at least 6 months; and
- are employed on a full-time permanent basis, which means working at least 25 hours per week.

Re-eligibility for INVOLUNTARY UNEMPLOYMENT for Self-Employed Individuals should you return to work in a capacity of Self-Employment for less than 6 consecutive months after receiving benefits, and suffer another period of at least 90 consecutive days of INVOLUNTARY UNEMPLOYMENT, for Self-Employed Individuals, you will only be eligible for any remaining benefits of the maximum 12 MONTHLY PAYMENTS from the previous claim. However, you must be working in a new business capacity earning taxable revenue pursuant to the *Canada Revenue and Taxation Act* on a permanent basis, working full-time at the DATE OF LOSS, which is defined as working a minimum of 25 hours each week, in a legally incorporated business that has been operating in Canada for a period of no less than 2 continuous years prior to the EFFECTIVE DATE of the TGLI policy. After 6 consecutive months, your coverage will be reinstated for up to another 12 month benefit period (subject to the \$25,000.00 maximum policy limit) for subsequent periods covered by INVOLUNTARY UNEMPLOYMENT for Self-Employed Individuals.

#### BENEFITS IN CASE OF TOTAL DISABILITY AND INVOLUNTARY UNEMPLOYMENT

Upon eligibility Trans Global Life Insurance (TGLI) will pay the monthly FLEXITI LOAN payment obligation on your behalf, retroactively beginning from your DATE OF LOSS, your MONTHLY PAYMENTS. We will make your MONTHLY PAYMENT until you return to work full-time, subject to a maximum of 12 MONTHLY PAYMENTS. When you are simultaneously

disabled and INVOLUNTARILY UNEMPLOYED, you are entitled to benefits only under one coverage, not under both.

For individuals who may simultaneously be earning income in an EMPLOYER and employee relationship and operating a business in a self-employed capacity you are only entitled to payment of benefits under INVOLUNTARY UNEMPLOYMENT benefit or Loss of Employment – Self-Employed Individuals, not under both. In determining payment of benefits in the above noted situation, TGLI reserves the right to choose which stated head of coverage benefits are paid under.

For more specific information on this distribution guide or your Certificate of Insurance you can contact the distributor. The contact information for the distributor is on the first page of this guide.

Or you can contact the INSURER toll-free at 1.844.930.6022

ii) **BENEFICIARY OF THE INSURANCE**

The INSURER pays the insurance benefits to Flexiti Financial Inc. on your behalf.

iii) **WAITING PERIOD**

Benefits will be paid only if the INVOLUNTARY UNEMPLOYMENT or TOTAL DISABILITY lasts more than 30 consecutive days; after this waiting period the benefits for INVOLUNTARY UNEMPLOYMENT or TOTAL DISABILITY will be paid retroactively from the DATE OF LOSS.

CRITICAL ILLNESS benefits will be paid only if you survive 30 days from the date of diagnosis of the illness or condition. If you should die during the 30 day waiting period it will be treated as a death claim.

There is no waiting period for the payment of benefits in the event of death or DISMEMBERMENT.

iv) **CONFIRMATION OF COVERAGE**

Within 30 days of enrollment you will be mailed a Certificate of Insurance. That Certificate will confirm that you are insured, subject to the terms of the group policy between the INSURER and your LENDER, while you pay the required premiums.

v) **PREMIUM**

The monthly premium rate charged to the account holder for this coverage is \$1.39 per \$100.00 of the average daily balance along with applicable taxes. This amount will be charged on each statement issued whenever your ACCOUNT'S average daily balance is greater than zero.

Any amount that you owe on a "No Finance Cost and No MONTHLY PAYMENT" purchase plan will not be included in the calculation of the monthly premium. However, amounts owing on these purchase plans will be included in the calculation of benefits payable under this insurance only as such time amounts owing become a revolving account type.

You pay this monthly premium when your account's OUTSTANDING BALANCE is greater than zero.

It is charged automatically to your FLEXITI LOAN along with applicable taxes.



# EXCLUSIONS, RESTRICTIONS OR REDUCTIONS OF COVERAGE

---

## CAUTION

a) Benefits are not paid if the death, DISMEMBERMENT, CRITICAL ILLNESS, TOTAL DISABILITY or INVOLUNTARY UNEMPLOYMENT results directly or indirectly from:

- intentionally self-inflicted injury;
- attempted suicide within 2 years after the EFFECTIVE DATE;
- drug, alcohol or solvent abuse;
- the commission, or attempted commission, of an illegal act; or
- any nuclear, chemical or biological contamination resulting from an act of terrorism.

The insurance does not cover purchases debited to your account after the date of occurrence or while you are receiving a benefit.

i) Death benefits are not paid if the death results directly or indirectly from:

- a suicide within 2 years after the EFFECTIVE DATE;
- a PRE-EXISTING CONDITION in the first 6 months after the EFFECTIVE DATE; or
- a CRITICAL ILLNESS for which a benefit has been paid under this insurance.

ii) Disability benefits are not paid if the TOTAL DISABILITY results directly or indirectly from:

- a PRE-EXISTING CONDITION in the first 12 months after the EFFECTIVE DATE;
- normal pregnancy;
- CRITICAL ILLNESS for which a benefit has been paid under this insurance;
- nervous, mental, psychological, emotional or behavioral disorders, unless you are under the full time care of a licensed psychiatrist; or
- foreign travel or residence.

iii) INVOLUNTARY UNEMPLOYMENT benefits are not paid for:

- unemployment, for any reason beginning within 30 days from the EFFECTIVE DATE;
- strikes or lockouts;
- retirement, whether voluntary or mandatory;
- loss of self-employment;
- voluntary unemployment;
- pregnancy or childbirth;
- maternity leave or parental leave;
- loss of seasonal employment;
- dismissal for cause;
- disability for which benefits are paid;
- unemployment known by you to be impending at the time of application for insurance.

iv) INVOLUNTARY UNEMPLOYMENT for self-employed individual benefits are not paid if:

- unemployment for any reason beginning within 90 days from the EFFECTIVE DATE;
- unemployment known by you or should have been known to you impending at the time of application for insurance;

- strikes or lockouts, whether or not you or your business participate voluntarily;
  - disability for which benefits are payable under this policy;
  - discharged for cause by a hiring company or customer;
  - pregnancy, or childbirth and maternity, paternity or adoption leave;
  - family medical or caregiver leave;
  - voluntarily unemployment, you refused to complete work, as contracted or as outlined in job specifications
  - failure to comply with safety regulations and conditions required by trade unions, associations or provincial health and safety regulators;
  - criminal charges having been laid against you and resulting incarceration;
  - failure to pay child maintenance support payments, spousal support or alimony;
  - inability to travel for work related reasons due to loss of passport or visa conditions;
  - closure of business as a result of gross or willful misconduct, negligence, voluntary forfeiture of salary, wages or income;
  - retirement, whether voluntary or mandatory;
  - any of the exclusions listed under the policy heading “General Exclusions”
- v) **CRITICAL ILLNESS** benefits are not paid if:
- The **CRITICAL ILLNESS** was first diagnosed prior to the **EFFECTIVE DATE**;
  - the **CRITICAL ILLNESS** is first diagnosed within 90 days from the **EFFECTIVE DATE**;
  - the disease or condition diagnosed is not listed among the covered **CRITICAL ILLNESSES** identified in this distribution guide.

## CANCELLATION

---

### a) **CANCELLATION IN THE FIRST 60 DAYS**

You have the right to cancel the insurance within the 60 days following the **EFFECTIVE DATE**. To do so, you must send a notice of cancellation to the **INSURER** by mail to the address below. You may use the form attached hereto in Schedule 1 for this purpose

This cancellation takes effect as soon as the **INSURER** receives your notice of cancellation.

When cancellation is received within the first 60 days, the **INSURER** will refund any premium that has been charged to your account.

### b) **CANCELLATION AFTER THE FIRST 60 DAYS**

You can also cancel the insurance at any time, even after the initial 60 day period following the **EFFECTIVE DATE** has elapsed, by sending the **INSURER** a notice to this effect to the address below.

This cancellation does not prevent losses, which took place prior to that date from being covered.

Mail or Fax your cancellation notice to the address below:

Trans Global Life Insurance  
16930-114 Avenue  
Edmonton, AB  
T5M 3S2  
Fax: 1.866.414.0021

If a premium was paid in excess, the INSURER will refund it to your FLEXITI LOAN account.

**c) CANCELLATION BY THE INSURER**

The INSURER can cancel this insurance if the group master policy between the INSURER and your LENDER is cancelled. To do so, the INSURER must send you a notice to this effect at least 30 days in advance.

This cancellation does not prevent losses, which took place prior to that date from being covered.

If a premium was paid in excess, the INSURER will refund it to your FLEXITI LOAN ACCOUNT.

**d) END OF THE INSURANCE COVERAGE**

The insurance terminates on:

- The date credit privileges are revoked on your account ;
- The date of the statement following your 65th birthday for life and CRITICAL ILLNESS coverages. After you reach the age of 65, your insurance is reduced to cover only ACCIDENTAL DEATH; or
- The date your account is terminated.

If, at any time, your account with the LENDER is more than 120 days past due, no premiums will be charged for coverage here under until such time as your account with the LENDER is brought current. No benefits will be payable under this insurance for losses occurring during the period in which premiums were so suspended.

## **PROOF OF LOSS OR CLAIM**

---

**a) SUBMISSION OF A CLAIM**

To make a claim, contact the INSURER to obtain the necessary form. To do so, contact the INSURER toll-free at 1.844.930.6022:

That request should be made in the 90 days following the date of occurrence.

In the event of a TOTAL DISABILITY or INVOLUNTARY UNEMPLOYMENT benefits claim, in addition to having the EMPLOYER'S statement completed by your EMPLOYER, please include a copy of your Record of Employment with your claim form as proof of your employment and of the occurrence. If you are unable to obtain your employer's

cooperation with the completion of the statement please include a note explaining your circumstances.

**b) INSURER'S REPLY**

Allow the INSURER 15 business days to process your claim once it has been completed in full.

**c) APPEAL OF AN INSURER'S DECISION AND RECOURSES**

You can contest the reply of the INSURER by contacting them. You will find the INSURER'S contact Information on the first page of this guide.

Legal proceedings can only be instituted against the INSURER in the 36 months following the INSURER'S reply.

You have the right to also contact the Autorité des marchés financiers or your own legal adviser. The Autorité's address appears hereafter in the «Referral TO the Autorité des marchés financiers» chapter.

## SIMILAR PRODUCTS

---

Currently, in Canada, there are a number of competitors who may offer similar insurance products as described in this guide.

## REFERRAL TO THE AUTORITÉ DES MARCHÉS FINANCIERS

---

To learn more about the INSURER'S and the distributor's obligations towards you, please contact l'Autorité des marchés financiers at the following address:

L'Autorité des marchés financiers

Place de la Cite, Tour Cominar

2640, boul. Laurier, 4e etage

Quebec (Quebec) Canada G1V 5C1

Telephone: Metro Quebec: 1.418.525.0337

Elsewhere in Quebec: 1.877.525.0337

Web site: [www.lautorite.qc.ca](http://www.lautorite.qc.ca)

Email: [renseignements-consommateur@lautorite.qc.ca](mailto:renseignements-consommateur@lautorite.qc.ca)

## NOTICE OF CANCELLATION OF AN INSURANCE CONTRACT

---

### **NOTICE GIVEN BY A DISTRIBUTOR**

Section 440 of the Act respecting the distribution of financial products and services

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

- You have entered into an insurance contract for credit related LENDER'S group life (from 65, ACCIDENTAL DEATH), DISMEMBERMENT, CRITICAL ILLNESS, TOTAL DISABILITY and INVOLUNTARY UNEMPLOYMENT) insurance relating to your FLEXITI LOAN ACCOUNT.
- The Act allows you to cancel the insurance without penalty, within 10 days of signing for it.
- The INSURER gives you 60 days after the EFFECTIVE DATE to cancel this insurance product.
- To do so, you must give the distributor or INSURER notice by mail within that delay. You may use the attached form for this purpose.
- Despite the cancellation of the insurance, the first contract (the loan account agreement) entered into will remain in force.
- Caution it is possible that you may lose advantageous conditions as a result of the cancellation of this insurance; contact your distributor, the INSURER or consult your contract. If you have misplaced your insurance contract, you can request a duplicate copy at no cost by contacting the insurance company and a contract can be mailed or emailed to you free of charge.
- After the expiry of the 60 day period, you may cancel the insurance at any time; however, penalties may apply.

For further information, contact the insurance company.

# NOTICE OF CANCELLATION OF AN INSURANCE CONTRACT

---

To: Trans Global Insurance Company  
16930-114 Avenue  
Edmonton, AB  
T5M 3S2

Date: \_\_\_\_\_  
(date of sending of notice)

FLEXITI LOAN Account Number: \_\_\_\_\_

Pursuant to section 441 of the Act respecting the distribution of financial products and services, I hereby cancel the insurance certificate issued under Group Master Policy no.

\_\_\_\_\_  
(name of client)

\_\_\_\_\_  
(signature of client)

**THIS DOCUMENT MUST BE SENT BY REGISTERED MAIL.**

Sections 439,440,441,442 and 443 of the Act must be reproduced on the back of this notice

439. A distributor may not subordinate the making of a contract to the making of an insurance contract with the INSURER specified by the distributor.

The distributor may not exercise undue pressure on the client or use fraudulent tactics to induce the client to purchase a financial product or service. 1998, c. 37, s. 439

440. A distributor that, at the time a contract is made, causes the client to make an insurance contract must give the client a notice, drafted in the manner prescribed by regulation of the Autorité, stating that the client may cancel the insurance contract within 10 days of signing it. 1998, c. 37, s. 440.

441. A client may cancel an insurance contract made at the same time as another contract, within 10 days of signing it, by sending notice by registered or certified mail.

Where such an insurance contract is cancelled, the first contract retains all its effects. 1998,c. 37, s.11/11.

442. No contract may contain provisions allowing its amendment in the event of cancellation or termination by the client of an insurance contract made at the same time.

However, a contract may provide that the cancellation or termination of the insurance contract will entail, for the remainder of the term, the loss of the favorable conditions extended because more than one contract was made at the same time. 1998, c. 37, s. 442.

443. A distributor that offers financing for the purchase of goods or services and that requires the debtor to subscribe for insurance to guarantee the reimbursement of the loan must give the debtor a notice, drawn up in the manner prescribed by regulation of the Autorité, stating that the debtor may subscribe for insurance with the INSURER and representative of the debtor's choice provided that the insurance is considered satisfactory by the creditor, who may not refuse it without reasonable grounds. The distributor may not subordinate the making of the contract of credit to the making of an insurance contract with the INSURER specified by the distributor.

No contract of credit may stipulate that it is made subject to the condition that the insurance contract subscribed with such an INSURER remain in force until the expiry of the term, or subject to the condition that the expiry of such an insurance contract will entail forfeiture of term or the reduction of the debtor's rights.

The rights of the debtor under the contract of credit shall not be forfeited when the debtor cancels, terminates or withdraws from the insurance contract, provided that the debtor has subscribed for insurance with another INSURER that is considered satisfactory by the creditor, who may not refuse it without reasonable grounds. 1998, c. 37, s. 443.