

INSURANCE CERTIFICATE

Certificate Effective Date: June 15, 2022.



PLEASE KEEP THIS CERTIFICATE WITH YOUR OTHER IMPORTANT DOCUMENTS

INSURING AGREEMENT

In return for the payment of Premium, Trans Global Insurance Company (in respect of the Involuntary Unemployment Benefit) and Trans Global Life Insurance Company (in respect of the Injury or Sickness, Life Insurance and Critical Illness Benefit) certifies that the Insured, as named on the Application to Enroll is covered under and subject to the terms and conditions of the non-participating Group Policy Number CC12012021-L and CC12012021-P issued to Smart Cash Canada Holdings ULC.

This Certificate of Insurance (“the Certificate”) describes Your insurance coverage and replaces any Certificates previously issued to You with respect to the Group Policies. This creditor insurance coverage is **OPTIONAL**, and enrollment is voluntary, it is not a condition to You obtaining the Loan. This policy contains a provision removing or restricting the right of the group insured to designate persons to whom or for whose benefit insurance money is to be paid to. Some Insurance Benefits may not apply to You. Coverage is provided in consideration of Your eligibility, and payment of Premiums. Refer to Your Application to Enroll and this Certificate of Insurance together to determine which insurance Benefits apply to You.

Satisfaction Review Period

If You are not satisfied with this insurance coverage and no claim has arisen under it, You may cancel within 10 days of issue and any Premium paid will be refunded to You. You can cancel this insurance coverage by writing to Us at Our address noted on this Certificate, or by calling Our toll-free number at 1-844-930-6022.

ABOUT YOUR INSURANCE

Are You Eligible for Insurance?

To be eligible for this insurance coverage, the following conditions must be met:

1. You must be at least age 18 years of age on the Effective Date;
2. You must be a Canadian resident;
3. You must be indebted to the Lender under a Promissory Note; and
4. You must accept the insurance coverage and agree to pay the Premium. When Your Insurance Begins Your insurance coverage begins on the Effective Date indicated on Your Application to Enroll. All periods of coverage begin and end at 12:01 a.m. in the time zone that corresponds to Your last address on file with the Lender.

When Your Insurance Ends

Your insurance coverage automatically ends on the earliest of the following dates:

1. the date of Your request to Us to cancel the insurance;
2. the date Your Loan has been paid in full;
3. the date We pay the benefit amount for a claim under this Certificate; or
4. the date You fail in making Your PLPP Premium payment obligation in the amount of and on the date outlined on Your Promissory Note.

If the Group Policy is cancelled, coverage under this certificate will survive to the end “Due date on or before” outlined on your Promissory Note. If Your Loan obligation becomes current after you make Your Loan payment, and you choose to extend your insurance, You will not be eligible for coverage for any claim that arises within the period that Your coverage lapsed.

Premiums

The cost for Loan Balance Insurance Plan is the Insurer’s Monthly Premium Rate (3.95% for employed persons and 2.95% for unemployed persons) multiplied by the Principal Amount Borrowed, plus applicable taxes. The Premium amount for Your insurance coverage is outlined in Your Application to Enroll. Premiums are payable for each Application to Enroll You sign and for any Loan extension unless cancelled. For extensions, Your PLPP premium payment obligation, as outlined on Your Promissory Note, must be paid up to date at date of loss in order to be eligible for coverage under this Certificate.

Benefit Limits

The aggregate claim limit under all active Certificates issued to You or Your Spouse concurrently under the Group Policies is the lesser of Your total Loan amount as of the date of loss or \$5,000.

DESCRIPTION OF BENEFITS

1. LIFE INSURANCE BENEFIT

In the event of Your death, We will pay Your Loan amount as of the date of death, subject to all the terms, conditions, limitations and exclusions set out in this Certificate.

2. CRITICAL ILLNESS INSURANCE BENEFIT

In the event You are diagnosed with a Covered Critical Illness, We will pay Your Loan amount as of the date of diagnosis with a Covered Critical Illness, subject to all the terms, conditions, limitations and exclusions set out in this Certificate. Covered Critical Illness includes Cancer, Coronary Artery Bypass Surgery, Heart Attack, Stroke, Kidney Failure and Major Organ Transplant.

Critical Illness Exclusions

We will not pay the Critical Illness Insurance Benefit if Your Covered Critical Illness diagnosis results directly or indirectly, in whole or in part, from one or more of the following:

1. any of the exclusions listed under the "General Exclusions" section;
2. for Heart Attack, the elevated biochemical cardiac markers indicate a level less than 1 or where ECG changes suggest a prior myocardial infarction has occurred;
3. for Stroke, if the incident was determined, by a certified neurologist, to be a transient ischemic attack (TIA) often referred to as a mini stroke;
4. for Coronary Artery Bypass Surgery, which consists of non-surgical techniques such as balloon angioplasty, laser relief of an obstruction, or other intra-arterial procedures;
5. for Kidney Failure, any kidney failure other than end stage, irreversible kidney failure that requires immediate and regular kidney dialysis not less than weekly for at least 6 months or a kidney transplant;
6. for Major Organ Transplant excludes transplants of organs other than a heart, lung, pancreas, kidney or liver.

3. INVOLUNTARY UNEMPLOYMENT INSURANCE BENEFIT – ONLY APPLICABLE IF INDICATED ON YOUR APPLICATION TO ENROLL

This benefit is only applicable if your Application to Enroll indicates "that you have involuntary unemployment coverage". Upon receiving proof of Your Involuntary Unemployment, in the form of a copy of Your Record of Employment, We will pay the Loan amount, as of the date of Your Involuntary Unemployment, subject to all the terms, conditions and limitations in this Certificate. If You are a Seasonal Worker, the Involuntary Unemployment must occur prior to the expected end date of your seasonal work assignment. The Involuntary Unemployment Benefit does not provide insurance coverage if You are self-employed. You are considered to be self-employed if You work for income as a partner in a partnership, own Your own business, or are engaged in a private company or other entity in which You have an ownership interest.

Involuntary Unemployment Insurance Exclusions

In addition to the Exclusion noted under the "General Exclusions" section, We will not pay the Involuntary Unemployment Insurance Benefit if any of the following apply:

1. You become unemployed within 2 days of the Effective Date of Your coverage;
2. You become unemployed within 2 days of the Extension Effective Date of Your coverage;
3. You become unemployed due to pregnancy, abortion, miscarriage, or childbirth or any resulting parental leave;
4. You knew that You were about to become unemployed at the time of application for coverage;
5. You resign from employment;
6. You had not been working on a permanent full-time basis at least 25 hours per week prior to involuntary unemployment;
7. You became unemployed from a strike or lockout whether or not you participated voluntarily;
8. You become unemployed due to family medical or caregiver leave;
9. Your unemployment is as a result of charges being laid against You and any resulting incarceration;
10. Your retirement, whether voluntary or mandatory;
11. You are dismissed from employment with cause as Code M on Your Record of Employment.

4. INJURY OR SICKNESS BENEFIT

If You suffer an Injury or Sickness, that results in any of the following circumstances We will pay Your Loan amount stated on Your Promissory Note:

1. an Injury or Sickness that requires Hospitalization within 24 hours of the Injury or onset of Sickness, and for a duration of no less than 48 hours, as recommended by a Doctor;
2. an Injury that results in Fracture of the following: depressed skull, spine, jawbone, pelvis, leg (including ankle), arm or shoulder, sternum, collar bone, more than one rib.

GENERAL EXCLUSIONS

We do not pay Benefits under this creditor insurance if Your death, Injury, Sickness, Covered Critical Illness or Involuntary Unemployment resulted directly or indirectly from:

1. intentionally self-inflicted injury;
2. suicide or attempted suicide;
3. the Injury or Sickness is a result of a Pre-Existing Condition;
4. a nervous, mental, psychological, emotional or behavioral disorder or condition unless you are under the full-time care of licensed psychiatrist;
5. normal pregnancy;
6. declared or undeclared war unless on active military duty as a member of the Canadian Forces or Canadian Forces reserve;
7. the commission or attempted commission of a criminal offence;
8. travel or flight in any vehicle or device for aerial navigation except as a fare paying passenger aboard a licensed scheduled airline;
9. the intentional taking of drugs, except where prescribed by a Doctor and taken as directed;
10. the operation or control of any motorized vehicle or motorized watercraft with blood alcohol concentration in excess of legal limits in the jurisdiction where the death or Injury occurs.

HOW TO SUBMIT A CLAIM

Benefits under this creditor insurance are payable to the Lender. In the event of a claim, You or Your representative must notify Us or the Lender within 30 days at the address or telephone number set out below. We or the Lender will send You or Your representative a claim form and instructions on submitting a claim with proof of loss. Any costs for the completion of a claim form or any documentation submitted in support of a claim are at You or Your representative's expense.

In the event of a death claim, We have the right, where allowed by law, to ask for an autopsy. In the event of an Involuntary Unemployment Insurance Benefit claim, We have the right to request information from Your former employer. Benefits will not be paid if You or Your representative refuse to provide a claim form or any documentation that is, or may be, reasonably required in support of a claim. You or Your representative must provide Us with the completed claim forms and written proof of the claim within 90 days of Your death, Your diagnosis of Covered Critical Illness, Your Involuntary Unemployment or Your Injury or Sickness. Failure to give Us notice of claim or provide Us with satisfactory proof of Your claim within this 90 day period does not invalidate the claim if the notice or proof is given by You or Your representative as soon as reasonably possible, but in no event later than one year from the date of Your death, Your diagnosis of Covered Critical Illness, or Your Involuntary Unemployment if it is shown that it was not reasonably possible to give notice or provide proof within this one year period.

You can contact Us at the following address or telephone number:

Trans Global Insurance Company and Trans Global Life Insurance Company
16930 – 114 Avenue NW
Edmonton, Alberta, T5M 3S2
1-844-930-6022

TERMS USED IN THIS CERTIFICATE

Application to Enroll means the agreement and acknowledgment You signed in order to enroll in this voluntary creditor insurance, attached to this Certificate, which outlines the Effective Date of coverage.

Borrower means a customer who is named on the Promissory Note as the Borrower on an approved Loan by the Lender.

Cancer means a malignant tumour characterized by the uncontrolled growth and spread of malignant cells and invasion of tissue. Cancer for the purpose of this insurance does not include:

- Any skin cancer that is not malignant invasive melanoma and that has not exceeded 0.75 millimeters in depth;
- Carcinoma, in situ;
- Kaposi's Sarcoma or cancerous tumours in the presence of any human immunodeficiency virus (HIV);
- Stage A (T1 N0 M0 or other equivalent) prostate cancer or Duke's colon cancer; or
- Premalignant lesions, benign tumours or polyps.

The diagnosis must be in writing by a Doctor who is a certified oncologist.

Certificate of Insurance means this summary of benefits along with the Application to Enroll.

Coronary Artery Bypass Surgery means surgery to correct the narrowing or blockage of one or more coronary arteries using arterial grafts but does not include angioplasty (percutaneous transluminal coronary angioplasty; laser relief of an obstruction, stern insertion; coronary angiography or other intra-catheter technique. A Doctor, who is a certified cardiologist, must have advised in writing that this surgery was necessary.

Doctor means a Doctor of Medicine (M.D.) duly licensed to practice medicine, or any other practitioner recognized by the College of Physicians and Surgeons in the Province or Country in which the Treatment is rendered. The Doctor must be someone other than yourself or a family member. Family member includes any of Your spouse, parent or stepparent, child or stepchild, brother or sister, stepbrother, or stepsister, brother-in-law or sister-in-law, father-in-law or mother-in-law, and son-in-law or daughter-in-law.

Effective Date means the date Your insurance coverage begins as specified in the Application to Enroll as the Date Insurance Begins.

Employed means You are under contract to perform a service in return for monetary gain in the form of wages.

Extension Effective Date means the date Your insurance coverage is extended after the Date specified in Your Application to Enroll as the Date Insurance Ends.

Fracture means unequivocal radiological evidence of a break or rupture involving the complete cross-section of the bone. If equivocal, the diagnosis of fracture must be confirmed by the treating Doctor.

Group Policy means Group Policy numbers CC12012021-L and CC12012921-P issued by Trans Global Insurance Company and Trans Global Life Insurance Company to Smart Cash Canada Holdings, ULC.

Heart Attack means the death of heart muscle as a result of an obstruction of blood flow that results in the rise and fall of biochemical cardiac markers to levels considered diagnostic of myocardial infarction, with at least one of the following heart attack symptoms:

Typical chest pain;

- New electrocardiogram (ECG) changes consistent with a heart attack; or
- The characteristic rise of cardiac enzymes, troponins, or other biochemical markers;

The diagnosis must in writing by a Doctor who is a specialist in internal medicine or a cardiologist.

Hospitalization means You are admitted as an in-patient in the hospital for the same Injury or Sickness. We will count all consecutive days spent in the hospital for the same Injury or Sickness as one period of Hospitalization.

Injury means bodily injury resulting directly and independently of all other causes from an accident, which is caused by external, violent, and visible means and sustained while You are covered under this Certificate.

Insured means the Borrower who enrolled in this optional creditor insurance coverage and whose name appears on the Promissory Note, and on the Application to Enroll, as well as their Spouse.

Insurer means collectively Trans Global Insurance Company and Trans Global Life Insurance Company. The Insurer may also be referred to as "We", "Our", and "Us".

Involuntary Unemployment means:

1. termination of employment without cause; or
2. layoff, except where the date is predetermined as a Seasonal Worker; or
3. termination of employment due to Sickness.

Loan means the sum of money expected and agreed upon to be paid back by the Borrower to the Lender as stated in the Promissory Note.

Lender means Smart Cash Canada Holdings, ULC.

Pre-Existing Condition means any 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 of your coverage.

Premium means the amount payable by You for this insurance coverage as stated in the Application to Enroll.

Principal Amount Borrowed means the (Amount borrowed – PLPP Insurance) in the Promissory Note;

Promissory Note means the Lenders Loan contract reflecting Your Loan Due Date and Loan amount.

Record of Employment means the employer issued document recording information on employment history; the same document used by employees in establishing a claim for Employment Insurance (EI) benefits.

Seasonal Worker means an employee who performs labor or services, including retail, on a seasonal basis with a pre-set end date. The employment is of the kind exclusively performed at a certain period of time of the year and which, from its nature, may not be continuous or carried on throughout the year.

Sickness means an illness, disease, or physical condition which first manifested itself on or after the Effective Date.

Spouse means a person that is either legally married to the Borrower or cohabitates with the Borrower and has been publicly represented as the Borrower's domestic partner for a period of at least one year in the community in which they both reside.

Stroke means any cerebrovascular incident excluding transient ischemic attack (mini stroke) producing death of a portion of the brain as a result of thrombosis, intracranial or subarachnoid hemorrhage or embolization from an extracranial source. The diagnosis must in writing by a Doctor who is a certified neurologist and there must be evidence of permanent neurological deficit for at least 30 consecutive days.

Treatment means advice, consultation, care and/or service provided by a Doctor. This includes but is not limited to diagnostic measures, taking prescribed pills, injections or other medication for a condition.

You or Your means the Insured.

GENERAL PROVISIONS

You and any claimant under this Certificate have the right, as determined by law applicable in Your province of residence, to obtain a copy of Your enrollment form, any written evidence of insurability (as applicable) and the Group Policy, upon request, subject to certain access limitations. Any provision of the Group Policy which, on its effective date, is in conflict with the statutes of the jurisdiction in which the Group Policy was delivered or issued for delivery is amended to conform with the minimum requirements of such statutes.

Notice to or knowledge of, any agent or person will not affect a waiver or change in this Certificate, or stop Us from enforcing any rights We may have under this Certificate. This Certificate's terms may not be changed or waived except by an endorsement issued by Us agreed to in writing by the Insured, and written notice of which will be provided in advance to You.

If the Lender or the Insurer makes any clerical errors in maintaining any records concerning the Group Policy, such errors will not alter or invalidate Your coverage or continue coverage that would otherwise be ended for valid reasons.

All rights and obligations under the Group Policy will be governed by the laws of Canada and the provincial jurisdiction in which You reside.

No Multiple Benefits

Any benefit paid under this Certificate will only be paid once for the same occurrence. If You are eligible concurrently for a benefit payable for more than one insured event covered by this Certificate, the benefit paid shall be limited to Your Loan amount.

Misstatement of Age

If You misstated Your age and Your correct age would have rendered You ineligible for coverage under this Certificate, We will refund all premiums paid for coverage during the period that You are not eligible and Your insurance will be void as if it never existed.

Misrepresentation

Any misrepresentation on the application for insurance will make the coverage null and void.

Contestability of Coverage

The coverage under this Certificate shall be contestable in accordance with the applicable laws in the jurisdiction where You reside.

Currency

All payments to be made under the Group Policy shall be payable in the lawful currency of Canada.

Prohibition Against Assignment

You cannot give Your rights and interests with respect to Your coverage to anyone else.

Exclusion

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims.

Legal Actions

Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the Insurance Act, Limitations Act, 2002 or other applicable legislation in the Insured's province of residence.

Confidentiality

In conjunction with the administration of this creditor insurance, We will establish a claim file when We are notified of such a claim. To ensure the confidentiality of Your personal information, We will keep Your file(s) at Our offices and only the following persons will have access to Your file:

1. our employees;
2. representatives who are responsible for underwriting, administration, investigation and claims; and
3. any other person You authorize.

COMPLAINT PROCEDURES

If You have an inquiry or complaint about any aspect of this insurance coverage, please call 1- 844-930-6022 between 8:00 am and 5:00 pm (MT), Monday to Friday. If for some reason You are not satisfied with the resolution to Your complaint or inquiry, please see our complaint resolution processes which can be found at: <https://transglobalinsurance.ca/resolving-complaints/>.

YOUR PRIVACY MATTERS TO US

At Trans Global Insurance Company and Trans Global Life Insurance Company, We are committed to protecting Your privacy. We respect Your privacy and want You to understand how We collect and use Your personal information.

How We Collect Your Information

We collect and keep information about You, which is needed to provide the products and services You request. We collect information from You, either directly or through Our representatives. We may also need to collect information about You from sources such as hospitals, doctors and other health care providers, the Medical Information Bureau, the government (including government health insurance plans) and other governmental agencies, other insurance companies, financial institutions, motor vehicle reports, and Your current and former employer.

How We Use Your Information

We use Your information to provide the products and services You request, which includes using it to evaluate insurance risk and manage claims. We may also share Your information with other third parties, when it is necessary for the services We provide to You. Third parties may include other insurance companies, the Medical Information Bureau, financial institutions, third party administrators, and any references You provide. We may use Your information internally, to prepare statistical reports that help Us understand the needs of Our customers and that help Us understand and manage Our business. For these purposes, where a third-party service provider is located outside of Canada, the service provider is bound by, and the information may be disclosed in accordance with, the laws of the jurisdiction in which the service provider is located.

You may request to review Your personal information in Your file or request to make a correction by writing to:

The Privacy Officer

Trans Global Insurance Company and Trans Global Life Insurance Company

Attention: Chief Privacy Officer
16930 – 114 Avenue NW
Edmonton, Alberta T5M 3S2

For more information on privacy at Trans Global Insurance, visit www.transglobalinsurance.ca/about-us/privacy-policy/

