



Loan Payment Protection Program Certificate of Insurance & Disclosure Statement

Certificate Date: May 01, 2024

Please keep this Certificate of Insurance in a safe place for future reference.

Loan Payment Protection Program (the "Policy") is available to Fig Financial customers as insured, on approved Fig loan applications in which the insurance enrollment is submitted to **Us**, and who have requested the coverage, agreed to pay the premium, and continue to pay premiums on a timely basis. Failure to make premium payments on a timely basis could cause lapses in coverage. Please see "Termination of Coverage" under Part G, below.

We will pay claims in accordance with the provisions outlined in this Certificate of Insurance, based on the **Outstanding Balance** as of the Date of Loss, up to a maximum of \$30,000, excluding any **Delinquent Balances** owed by **You**. The maximum benefit for all coverages under this Policy is \$30,000 in the aggregate.

When **You** enroll in the Policy, **You** are enrolling directly with **Us**. This Certificate of Insurance, plus the insurance premiums billed and collected along with **Your** Fig loan payment, are evidence of **Your** insurance under the Policy, provided the insurance has not been terminated in accordance with the provisions outlined in this Certificate of Insurance.

The Policy is underwritten pursuant to Group Master Policy No's FF -05012024-P and FF -05012024-L for residents of all provinces except Quebec, and Group Master Policy FF -05012024-L for residents of Quebec, issued to a customer of Fig Financial Inc., on approved loan applications by **Us** along with the following respective coverage they provide under the Policy.

Quebec Residents	Residents in all Provinces (except Quebec)
Trans Global Life Insurance Company (FF - 05012024-L)	Trans Global Life Insurance Company (FF - 05012024-P)
Part A: Involuntary Unemployment insurance Part B: Involuntary Unemployment insurance (Self Employed Individuals)	Part A: Involuntary Unemployment insurance Part B: Involuntary Unemployment insurance (Self Employed Individuals)
Part C: Critical Illness insurance Part D: Disability	Trans Global Life Insurance Company (FF- 05012024-L) Part C: Critical Illness insurance

Part E: Life with Dismemberment insurance	Part D: Disability insurance Part E: Life with Dismemberment insurance
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This Certificate of Insurance contains information about **Your** optional insurance. It outlines what is covered along with the conditions under which payment will be made. It also provides instructions on how to make a claim. It is important that **You** read this Certificate of Insurance carefully and understand **Your** coverage as **Your** coverage is subject to certain limitations or exclusions.

Please refer to the Definition section or to the applicable description of benefits for the meanings of all bolded terms. Coverage is only available if **You** are a resident of Canada.

This coverage may be cancelled, changed, or modified at the option of Fig and the Insurer at any time.

For confirmation of coverage or for any questions concerning the information in this Certificate of Insurance, call **Us**, toll-free at 1-844-930-6022.

WHO IS COVERED

To be eligible to apply for insurance, **You** must be a Canadian resident and at least 18 years of age on the **Effective Date**.

For residents in all provinces except Quebec, the Life and Dismemberment and Critical Illness coverages are available to **You** and **Your** Spouse while the Disability and Involuntary Unemployment coverages are only available for **You**.

For Quebec residents, all coverages are available to only **You**.

If **You** are 65 (71 in British Columbia) years of age or older at the date of **Your** death, the Life Insurance benefit will be paid only in the event of **Accidental Death**.

Critical Illness coverage ceases at the age of 65. For further clarity, the date of **First Diagnosis** must occur prior to the individual's 65th birthday.

HOW TO CANCEL THIS INSURANCE

Upon receipt of this Certificate of Insurance, if **You** no longer wish to be enrolled in this insurance, here are **Your** main options:

Cancellation through Fig:

If **You** wish to cancel **Your** Payment Protection policy through Fig, simply send an email to support@fig.ca confirming that you wish to cancel **Your** Payment Protection insurance policy.

Cancellation through Trans Global Insurance:

Upon receipt of this Certificate of Insurance, if **You** no longer wish to be enrolled in this insurance, please contact **Us** to cancel **Your** Policy.

A cancellation form will need to be completed, signed and sent to **Us**. If **You** have any questions regarding this Policy or require claim information, please contact:

Trans Global Life Insurance Company and
Trans Global Insurance Company
Suite 275, 16930 114 Ave NW, Edmonton, AB T5M 3S2,
Telephone: 1-844-930-6022 or by
email clientcare@transglobalinsurance.ca

When the Policy is cancelled within 30 days of enrollment for residents in all provinces except Quebec (60 days for Quebec residents), any premiums charged will be refunded to **You**. If **You** cancel **Your** insurance more than 30 days for residents in all provinces except Quebec (60 days for Quebec residents) after the receipt of this Certificate of Insurance, the insurance cancellation takes effect immediately upon **Your** cancellation request.

PART A - INVOLUNTARY UNEMPLOYMENT BENEFIT

BENEFIT

If **You** become involuntarily unemployed after the **Effective Date**, **We** will make **You Payment Obligation** on **Your** behalf, retroactively beginning from the Date of Loss. **We** will make **Your Payment Obligation** until **You** return to work full-time, subject to a maximum of 12 months of Payments. When **You** are simultaneously disabled and involuntarily unemployed, **You** are entitled to benefits only under one coverage, not under both. The total benefits will not exceed the lesser of the **Outstanding Balance** or \$30,000.

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 Part A, Involuntary Unemployment Benefit or Part B, Involuntary Employment (Self Employed Individuals), not under both. In determining payment of benefits in the above noted situation, **We** reserve the right to choose which stated head of coverage benefits are paid under.

CONDITIONS

To be eligible for involuntary unemployment benefits under this Part A:

1. **You** must be a Canadian resident and be over age 18 on the **Effective Date**;
2. **You** must have been insured under the Policy and gainfully employed on a permanent basis, working full-

time at the Date of Loss, which means working at least 25 hours each week;

3. **You** shall have been involuntarily unemployed for more than 30 consecutive days;
4. Prior to **Your** involuntary unemployment, **Your** employer shall have been paying employment insurance premiums to Canada Revenue Agency (CRA) and/or any of its successor entities, on **Your** behalf. Within 15 days of **Your** involuntary unemployment, **You** must have registered with Canada Employment Insurance Commission to receive employment insurance benefits;
5. While **You** are involuntarily unemployed **You** must be available to work full-time, and **You** may be required to provide evidence that **You** are actively seeking employment.

EXCLUSIONS

We shall not be liable for involuntary unemployment benefits due to:

1. Unemployment for any reason beginning within 30 days from the **Effective Date**;
2. Unemployment known by **You** to be impending at the time of application for insurance;
3. Loss of seasonal employment;
4. Strikes or lockouts, whether or not **You** participate voluntarily;
5. Disability for which benefits are payable under this Policy;
6. Discharge for cause by **You** employer;
7. Pregnancy or childbirth, maternity, paternity or adoption leave;
8. Family medical or caregiver leave;
9. Voluntary unemployment;
10. Criminal charges having been laid against **You** and any resulting incarceration;
11. Failure to pay child maintenance support payments, spousal support payments or alimony;
12. Retirement, whether voluntary or mandatory;
13. Any of the exclusions listed under the heading "General Exclusions" found in Part G - General Provisions.

RE-ELIGIBILITY

If **You** return to work for less than 6 consecutive months after receiving benefits under this Part and suffer another period of at least 30 consecutive days of involuntary unemployment, **You** will only be eligible for any remaining benefits of the maximum 12 monthly payments from the previous claim.

However, if **You** have returned to full-time employment (at least 25 hours per week) for at least 6 consecutive months after receiving benefits under this Part A, **Your** coverage will be reinstated for up to the contracted month benefits, subject to

the \$30,000 maximum limit, for subsequent periods of covered involuntary unemployment.

PART B – INVOLUNTARY UNEMPLOYMENT – SELF-EMPLOYED INDIVIDUALS

BENEFIT

As a self-employed individual, if **You** become involuntarily unemployed 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. **You** may be entitled for benefits under the Involuntary Unemployment insurance for self-employed individuals.

Upon eligibility, **We** will make **Your Payment Obligation**, retroactively beginning from **Your** Date of Loss until **You** return to work full-time, subject to a maximum of 12 months of payments. When **You** are simultaneously disabled and involuntarily unemployed, **You** are entitled to benefits under one coverage, not under both. The total benefits will not exceed the lesser of the **Outstanding Balance** at the Date of Loss or the maximum of \$30,000.

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 Part A – Involuntary Unemployment Benefit or Part B – Involuntary Unemployment – Self-Employed Individuals, not under both. In determining payment of benefits between benefits under Part A or Part B, **We** reserve the right to choose which stated head of coverage benefits are paid under.

CONDITIONS

To be eligible for involuntary unemployment benefits under this Part B:

1. **You** must be a Canadian resident and be over age 18 on the **Effective Date**;
2. **You** must have been insured under the Policy and working in a self-employed capacity earning taxable revenue pursuant to the Canada Income Tax 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 Policy.
3. **You** shall have been involuntarily unemployed for more than 30 consecutive days.
4. Prior to **You** involuntarily unemployment, as a self-employed individual and only if/when applicable, **You** shall have been paying special employment insurance

premiums to Canada Revenue Agency (CRA) and/or any of its successor entities.

5. 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 full-time employment.

EXCLUSIONS

We shall not be liable for involuntary unemployment for self-employed individual benefits due to:

1. Unemployment for any reason beginning within 90 days from the **Effective Date**;
2. Unemployment known by **You** or should have been known to **You** impending at the time of application for insurance;
3. Strikes or Lockouts, whether or not **You** or **Your** business participate voluntarily;
4. Disability for which benefits are payable under this Policy;
5. Discharged for cause by a hiring company or customer;
6. Pregnancy, or childbirth and maternity, paternity or adoption leave;
7. Family medical or Caregiver leave;
8. Voluntarily unemployment, **You** refused to complete work, as contracted or as outlined in job specifications;
9. Failure to comply with safety regulations and conditions required by trade unions, associations, or provincial health and safety regulators;
10. Criminal charges having been laid against **You** and resulting in incarceration;
11. Failure to pay child maintenance, support payments, spousal support, or alimony;
12. Inability to travel for work-related reasons due to loss of passport or visa conditions;
13. Closure of business as a result of gross or willful misconduct, negligence, voluntary forfeiture of salary, wages, or income;
14. Retirement, whether voluntary or mandatory;
15. Any of the exclusions listed under the Certificate of Insurance heading "General Exclusion" found in Part G – General Provisions.

RE-ELIGIBILITY

If **You** return to work in a capacity of self-employment for less than 6 consecutive months after receiving benefits under this Part B 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 Income Tax 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 Policy.

After 6 consecutive months, **Your** coverage will be reinstated for up to another 12- month benefit period (subject to the \$30,000 maximum Policy limit) for subsequent periods covered by involuntary unemployment for self-employed individuals.

If **You** return to work in a capacity other than self-employment, please refer to the re-eligibility section under Involuntary Unemployment of this Certificate of Insurance.

INVOLUNTARY UNEMPLOYMENT – SELF-EMPLOYED INDIVIDUALS' CLAIMS

Bankruptcy court documents must be provided to **Us** showing proof of filed bankruptcy along with the name of the appointed trustee of bankruptcy. **We** may at **Our** discretion require financial statements showing proof of documented evidence of the past 3 years of business operations, business tax returns for the evidence of filing with Canada Revenue Agency (CRA), along with individual and spouse tax returns for the past 3 years showing evidence of filing with Canada Revenue Agency (CRA). **We** may also require the most recent copy of articles of incorporation and business license of the business at the time of the claim.

PART C – CRITICAL ILLNESS BENEFIT

BENEFIT

If, after the **Effective Date** and while insured, **You** (for Quebec residents) or **You** or **Your** Spouse (for residents of all provinces other than Quebec), are diagnosed with a Critical Illness for the first time in **Your** life and survive that **First Diagnosis** for at least 30 days, **We** will pay to **Fig Financial** an amount equal to the **Outstanding Balance** as on the date of **First Diagnosis** of the Critical Illness. The total benefits paid will not exceed the lesser of the **Outstanding Balance** or \$30,000.

CONDITIONS

1. Critical Illness coverage under Part C ceases to the Critical Illness claimant upon attainment the age of 65. The date of **First Diagnosis** must occur prior to the individual's 65th birthday.
2. The Critical Illnesses covered under this Policy are Cancer (Life Threatening), Heart Attack, Stroke, Coronary Artery Bypass Graft, Kidney Failure and Major Organ Transplant. Full definitions of these Critical Illnesses along with any limitations are found below.

3. Under this Certificate of Insurance, the Critical Illness benefit will be paid only once. After the Critical Illness benefit is paid, **You** remain eligible for benefits described under Parts A, B, D, & E of this Certificate of Insurance, subject to a maximum of \$30,000.
4. Proof of loss satisfactory to **Us** must be submitted within 90 days of **First Diagnosis**. The diagnosis must be made in writing by a licensed physician and be supported by medical evidence that **We** require or may require.

EXCLUSIONS

We do not pay a benefit for a particular Critical Illness if:

1. that Critical Illness resulted directly or indirectly from any of the exclusions listed under the heading "General Exclusions" found in General Exclusion Provisions;
2. that Critical Illness existed, or was first diagnosed, prior to the **Effective Date** or within 90 days after the **Effective Date**.

CRITICAL ILLNESS DEFINITIONS & LIMITATIONS

Only the following Critical Illnesses, as defined below, are covered under this Certificate of Insurance:

1. Cancer (Life Threatening) means any malignant tumor characterized by the uncontrolled growth and spread of malignant cells and invasion of tissue. The diagnosis must be made in writing by a physician and be confirmed by histological examination of the involved tissue. Under this Certificate of Insurance Cancer includes leukemia and Hodgkin's disease but does not include:
 - a. All tumors which are histologically described as pre-malignant, as non- evasive or as cancer in situ;
 - b. Stage A prostate cancer, Duke's Stage A colon cancer, or any pre- malignant lesions, benign tumors or polyps;
 - c. Kaposi's sarcoma or cancerous tumors in the presence of Human Immunodeficiency Virus;
 - d. Any skin cancer that is not malignant invasive melanoma and that has not exceeded .75 millimeters in depth.
2. Heart Attack means the death of a portion of the heart muscle as a result of inadequate blood supply that has resulted in all of the following evidence of acute myocardial infarction:
 - a. Typical chest pain;
 - b. New characteristic electrocardiographic (ECG) changes; and
 - c. The characteristic rise of cardiac enzymes, troponins or other biochemical markers.

- d. Other acute coronary syndromes, including but not limited to angina, are not covered under this definition.
3. 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 and with objective evidence of a new permanent neurological deficit persisting for more than 30 days.
4. Coronary artery bypass graft means the undergoing of heart Surgery to correct the narrowing or blockage of one or more coronary arteries using venous or arterial grafts. The Surgery must be deemed medically necessary by a physician who is a board-certified cardiologist. Coronary artery bypass graft does not include:
 - a. Angioplasty (percutaneous transluminal coronary angioplasty);
 - b. Laser relief of an obstruction; stern insertion; coronary angiography; or
 - c. Any other intra-catheter technique.
5. 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:
 - a. Immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least six months; or
 - b. A kidney transplant.
6. Major Organ Transplant means the actual undergoing as a recipient of a transplant of a heart, lung, pancreas, kidney or liver.

PART D – DISABILITY BENEFIT

BENEFITS

If **You** become disabled and as a result are unable to work, while **You** are covered under the Policy, **We** will make **Your Payment Obligation**, as defined in Part F - Definitions, to Fig Financial on **Your** behalf during the term of **Your** total disability beginning retroactively with **Your** Date of Loss and until **You** are able to return to work, subject to a maximum of 12 months of payments. The total benefits paid will not exceed the lesser of the **Outstanding Balance** or \$30,000.

CONDITIONS AND LIMITATIONS

1. **You** must become, after the **Effective Date**, totally and continuously disabled as the result of accidental bodily injury or sickness and shall be regularly attended by a licensed physician or surgeon other than **Yourself** and, in the opinion of the physician or surgeon, be prevented from engaging in any business or

- employment for which **You** are reasonably fitted by training, experience or education, and shall remain so totally disabled for more than 30 consecutive days.
2. To be eligible for disability benefits, **You** must have been insured under the Policy and gainfully employed or working in a self-employed capacity earning taxable revenue pursuant to the Canada Income Tax Act on a permanent basis, working full-time at the Date of Loss, which means working at least 25 hours each week.
3. **We** will require **You** attending physician or surgeon to send **Us** a written statement, on a form provided by **Us** or acceptable to **Us**, during the initial period of disability indicating that **You** were totally disabled and unable to resume employment because of the disability. **You** may be required to provide subsequent verification of continued disability.
4. Benefits will end once **Your** doctor allows **You** to return to work on a full-time, part-time, or modified basis.
5. When **You** are simultaneously disabled and involuntarily unemployed, **You** are entitled to benefits only under one coverage, not under both.

EXCLUSIONS

We do not pay a monthly disability benefit if the disability resulted directly or indirectly from:

1. any of the exclusions listed under the heading "General Exclusions" found in Part G – General Provisions;
2. a pre-existing condition, if **Your** disability commences anytime during the first 12 months of coverage. For the purposes of this exclusion, pre-existing condition is 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
3. a nervous, mental, psychological, emotional, or behavioral disorder or condition unless **You** are under the regular care of a licensed psychiatrist;
4. a Critical Illness for which a benefit has been paid under Part C- Critical Illness, of this Policy;
5. normal pregnancy;
6. foreign travel or residence;
7. Flight on non-scheduled aircraft.

RE-ELIGIBILITY

When payments have been completed for a claim under these Disability provisions, **You** must resume permanent full-time employment 25 or more hours per week for a period of 60 consecutive days to become eligible for a further Disability claim.

PART E - LIFE WITH DISMEMBERMENT BENEFIT

BENEFITS

We will pay to Fig Financial, on **Your** behalf, upon due proof of **You** death or dismemberment (for Quebec residents) or **You** or **Your** Spouse (for residents in all other province other than Quebec), occurring after the **Effective Date** and while **You** are covered under the Policy, an amount of insurance equal to the **Outstanding Balance** at the date of death or dismemberment up to a maximum of \$30,000. If the death or dismemberment of **You** and **Your** Spouse (for residents in all other province other than Quebec) occurs simultaneously, only one benefit will be paid.

DISMEMBERMENT

Dismemberment means accidental bodily injuries that are sustained directly and independently of all other causes resulting in the total and irrevocable loss of the entire sight of both eyes, or a hand or foot by complete severance through or above the wrist or ankle joint.

AGE LIMITATION

If **You** (for Quebec residents) or **You** or **Your** Spouse (residents in all other provinces) are 65 (71 in British Columbia) years of age or older at the date of **Your** death, the Life insurance benefit will be paid only in the event of **Accidental Death**.

EXCLUSIONS

We do not pay a benefit if the death or dismemberment resulted directly or indirectly from:

1. Any of the exclusions listed under the heading "General Exclusions" found in Part G – General Provisions.
2. A pre-existing Condition, if **You** die within 6 months of the **Effective Date** from that pre-existing condition. For the purposes of this exclusion, **We** define a pre-existing condition as 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 **You** coverage.
3. A Critical Illness for which a benefit has been paid under Part C – Critical Illness of this Certificate of Insurance.

PART F – DEFINITIONS

Accidental Death means death through accidental means sustained directly or independently of all causes and occurring within 90 days from the date of the accident.

Beneficiary means the beneficiary of this Policy, Fig Financial.

Date Of Loss is the date the event or occurrence or, in the case of total disability or involuntary unemployment, the commencement thereof, giving rise to a claim under the Policy.

Delinquent Balance means any amounts due or accrued and payable by **You** to the **Beneficiary** under the Loan as of the Date of Loss.

Effective Date For the coverages provided under Parts A, B, C, D and E, the **Effective Date** is the date that **We** receive **Your** enrollment for insurance.

First Diagnosis means the date on which a licensed physician establishes the diagnosis of a Critical Illness.

Outstanding Balance means the total amount owing to Fig Financial on **You** Fig Financial loan as at the Date of Loss.

Payment Obligation means the amount due and payable by **You** to Fig Financial on **You** Fig Financial loan for each monthly, bi-weekly, semi-monthly, or weekly period.

Spouse means **Your** Spouse that **You** are legally married to; or **You** partner in a common-law relationship regardless of gender, who although not legally married to each other, have continuously cohabited in a marriage-like relationship for at least the last 12 months.

You, You and Yourself means the individual who is the borrower and whose name appears on the Fig Financial Loan agreement and is responsible for the **Outstanding Balance**.

We, Us and/or Our refers to Trans Global Insurance Company and Trans Global Life Insurance Company.

PART G - GENERAL PROVISIONS

BENEFICIARY - Benefits payable under Parts A, B, C, D and E of the Policy shall be paid to Fig Financial, as irrevocable **Beneficiary**, to be applied by Fig Financial in payment of **Your Outstanding Balance**.

GROUP POLICIES - Copies of the Group Policies are available by contacting Trans Global Insurance.

MAKING A CLAIM - Claim forms may be obtained by calling a Customer Service Representative at 1- 844-930-6022 or by downloading forms from <https://transglobalinsurance.ca/claims/> and delivering the documents to **Us** as prescribed in the downloaded forms.

NOTICE OF LOSS in writing must be filed with **Us** within 90 days from the date of such loss. Failure to report a loss within the stated period of time will invalidate any claim in respect of such loss.

PROOF OF LOSS in writing and any required receipts or reports must be furnished to **Us** at the office address set out at the beginning of this Certificate of Insurance within 90 days from the date of such loss. Subsequent written proofs of

continuance of such loss must be furnished at such intervals as **We** may require. Costs incurred by **You** to obtain proof or evidence of **Your** loss will be at **You** own expense.

You will provide written authorization for **Us** to make inquiries of **Your** past and present employers for the settlement of **Your** Disability and Involuntary Unemployment claims, and of **Your** medical or other health care practitioners for the settlement of **Your** Life With Dismemberment, Critical Illness and Disability claims as **We** consider necessary.

CONTACT

All notices or other records to be delivered to **Us** shall be delivered at the following:

Trans Global Insurance and
Trans Global Life Insurance Company
Suite 275 16930 114 Avenue NW
Edmonton, Alberta T5M 3S2

If **You** have any questions, regarding the Policy and the coverages, **You** may contact **Us** at 1-844-930- 6022.

GENERAL EXCLUSIONS

No benefits will be paid under the Policy's Life and Dismemberment, Disability, Involuntary

Unemployment or Critical Illness coverages if the loss was, directly or indirectly, caused by:

1. an attempted suicide or suicide, while sane or insane, within two years of the **Effective Date**;
2. an intentionally self-inflicted injury;
3. the commission, or attempted commission, of an illegal act;
4. military service, declared or undeclared war, or any nuclear, chemical, or biological contamination resulting from an act of terrorism; or
5. Alcohol or solvent abuse, or the taking of illegal drugs or prescription drugs except where prescribed by a licensed doctor and taken as directed.

COMPLAINT PROCEDURES

If **You** have a complaint or inquiry 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

We are committed to protecting **Your** privacy. **We** respect **Your** privacy and want **You** to understand how **We** collect and use **You** 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 Life Insurance Company/Trans Global Insurance Company
Attention: Chief Privacy Officer
Suite 275 16930 – 114 Avenue NW
Edmonton, Alberta T5M 3S2

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

LEGAL PROCEEDINGS

No legal action may be brought against **Us**, unless it is brought within 24 months after the Date of Loss for resident of all provinces except Quebec or the shortest applicable limit of time established by law. 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. The benefits payable under this Policy are based on **Your Outstanding Balance** on the Date of Loss. Any changes made to **You** Policy after the Date of Loss but during the benefit period will not be included in the calculation of **Your** benefits. The benefits payable under this

Policy are calculated on **You Outstanding Balance** on the Date of Loss. Any purchases or charges made on **Your** Insurance Payment Protection Policy after the Date of Loss and during the period for which **You** are collecting benefits will not be included in the calculation of **Your** benefit.

payment due date and any amount remains overdue and unpaid.

MISSTATEMENT OF AGE - **Our** liability is limited to a refund of all premiums **You** have paid when

You misstated **Your** age to **Us** at the time **You** provided to **Us** **Your** application for insurance.

PREMIUM RATE - The Premium charged for Loan Payment Protection Program will be the amount calculated by multiplying the Insurer's Premium Rate of 15% by the customer's regular principal and interest payments, plus applicable taxes, payable at the same frequency as your regular principal and interest payments under **Your** Fig loan agreement. The premium will stay consistent unless there's a change to the customer's regular principal and interest payment, in which case the customer shall be charged the adjusted premium starting from the period that immediately follows any change in regular principal and interest payment.

PREMIUM RATE AND/OR POLICY CHANGE - **We** reserve the right to establish new premium rates and cancel or modify any terms of the Policy. **You** and Fig Financial will receive at least 31 days' written notice of any change to premium rates or terms of the Policy.

REFUNDS - In the event of termination of **Your** Coverage, **We** will credit **You** on a Pro Rata basis with any unearned premium paid by **You**. No refund or credit will be made if the amount is less than One Dollar (\$1.00).

SUBROGATION- In the event of any payment under this insurance, **We** shall be subrogated to all **You** rights of recovery, and **You** shall execute and deliver all papers and do whatever is necessary for **Us** to secure those rights.

TERMS OF AGREEMENT AND TERMINATION OF COVERAGE

The term of the insurance provided under this Certificate of Insurance commences upon **Your** enrollment to the insurance coverage hereunder and will end on the sooner of:

1. The date **We** or Fig receive **Your** written confirmation to end the insurance coverage, or
2. 31 days from the date **We** send **You** written notice, by first class mail to **Your** last known address, to cancel this insurance, or
3. The date **Your** Fig loan is terminated, on receipt of notice of termination by the insurer, or
4. The date **You** are more than 31 days late in making any required Payment towards **Your Outstanding Balance**, or
5. If **You** have deferred **Your** loan payment date, more than 31 days have elapsed since **Your** contractual