

Certificate of Insurance



GLORY HILLS PAYMENT PROTECTION POLICY

CERTIFICATE OF INSURANCE and DISCLOSURE STATEMENT

Certificate Date: November 20, 2025

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

Glory Hills Insurance Payment Protection Policy (the "Policy") is available to customers on approved applications submitted to **Us** as insured 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.

The Policy is underwritten pursuant to Group Policies No.'s GH-0717-P and GH-0717-L, issued to Glory Hills Services Inc. by Trans Global Insurance Company and Trans Global Life Insurance Company along with the following respective coverage they provide under the Policy:

TRANS GLOBAL INSURANCE COMPANY

Group Policy No. GH-0717-P

Part A- Involuntary Unemployment

Part B - Involuntary Unemployment – Self-Employed Individual

TRANS GLOBAL LIFE INSURANCE COMPANY

Group Policy No. GH-0717-L

Part C - Critical Illness

Part D - Disability

Part E - Life with Dismemberment

Enrollment under this Policy, constitutes a direct agreement with Trans Global Insurance Company and Trans Global Life Insurance Company.

The following PARTS are applicable to the coverages provided by Trans Global Insurance Company and Trans Global Life Insurance Company described in PARTS A & B (TGI); and C, D, & E (TGLI); and PARTS F & G (both companies) are applicable to the coverages provided herein.

This Certificate, together with the insurance premium paid monthly, directly to **Us**, serves as evidence of active insurance coverage under the Policy. Benefits are determined based on the **Insured Person's** monthly Glory Hills Services Inc. insurance financing contract payment obligation.

Please refer to the Definition section or to the applicable description of benefits for the meanings of all bolded terms.

Coverage is only available to residents of Canada.

WHO IS COVERED

Eligibility to apply for insurance is limited to individuals who are Canadian residents and at least over age 18 on the **Effective Date**. If the **Insured Person** is 65 (71 in British Columbia) years of age or older at the date of 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.

The Involuntary Unemployment, Disability, Critical Illness and Life and Dismemberment coverages are available only to **Insured Persons** whose name appears on the Glory Hills Services Inc. insurance premium financing contract.

Joint Coverage

- Is available only when both individuals are co-applicants on the financing contract.
- Both must meet eligibility criteria (e.g., age, residency, employment status).
- Coverage applies to both lives, but benefits are not duplicated.

If for any reason, one of the **Insured Persons** in a Joint Coverage Plan is ineligible at any time, this Policy will be subject to the applicable coverage limits for Single Coverage Plan only, but all other Joint Coverage Plan terms shall remain in effect.

HOW TO CANCEL THIS INSURANCE

Upon receipt of this Certificate, if **You** do not wish to maintain coverage, **You must return the Certificate within 30 days of receipt and submit a written request for cancellation**. Any premiums charged pursuant to the Group Policies referenced above, and relating to this Certificate, will be refunded in full upon timely cancellation.

Cancellation requests received after the 30-day period must also be made in writing however, **no refund of premiums will be provided for requests submitted beyond the 30-day period**.

For questions regarding this Policy of insurance or claim information, please contact;

**TRANS GLOBAL INSURANCE COMPANY AND TRANS GLOBAL LIFE INSURANCE COMPANY
16902-137 AVENUE, EDMONTON,
AB T5V 0C8,
TELEPHONE 1-844-930-6022**

PART A - INVOLUNTARY UNEMPLOYMENT BENEFIT

SINGLE COVERAGE PLAN

BENEFITS

If the **Insured Person** becomes involuntarily unemployed after the **Effective Date**, **We** will pay to Glory Hills Services Inc, the **Insured Person's Monthly Payment** retroactively beginning from the **Date of Loss**, as defined in Part F - Definitions. Payments will continue until **You** return to full-time employment, up to a maximum of 12 Monthly Payments, or until the expiry of this Policy, whichever occurs first.

When **You** are simultaneously disabled and involuntarily unemployed, **You** are entitled to benefits under only one coverage, not under both. The total monthly payments made to Glory Hills Services Inc. will not exceed the lesser of the **Outstanding Balance** or \$15,000.00

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 in the above-noted situation, **We** reserve the right to choose which stated head of coverage benefits are paid under.

JOINT COVERAGE PLAN

BENEFITS

If the policy is issued under a Joint Coverage Plan, insuring the lives of both individuals, benefits shall be payable as follows:

- 1) **Eligibility and Payment:** In the event that an **Insured Person** becomes Involuntarily Unemployed and a benefit is paid under this **Part A**, and subsequently the other **Insured Person** (if applicable) experiences a qualifying Involuntary Unemployment event under the same coverage, **We** will pay to Glory Hills Services Inc., on behalf of the second claimant, retroactive from the **Date of Loss**, only the remaining unpaid portion of the maximum benefit amount, up to \$15,000, less any amount previously paid under this coverage.
- 2) **Coverage Limitation:** The aggregate total of all payments made under this PART A, on behalf of the **Insured Person**, shall not exceed the lesser of the **Outstanding Balance** at the **Date of Loss** or **\$15,000.00**. Benefits will not be duplicated or paid concurrently for both individuals.
- 3) **Order of Payment:** Benefits shall be paid first on behalf of the **Insured Person** who experiences the qualifying loss earliest. Any subsequent claim by the other **Insured Person** will be limited to the **remaining unpaid balance** of the coverage amount, subject to all terms and conditions of this Policy.

CONDITIONS

To be eligible for involuntary unemployment benefits,

- 1) **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.
- 2) **You** must have reached the age of majority in the province of residence on the **Effective Date**;
- 3) **You** must have been involuntarily unemployed for more than 30 consecutive days;
- 4) Prior to **Your** involuntary unemployment, **You** shall have been paying employment insurance premiums to Canada Revenue Agency (CRA) and/or any of its successor entities. **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 **Your** 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) Loss of self-employment; see Part B
- 13) Retirement, whether voluntary or mandatory;
- 14) Any of the exclusions listed under the heading "General Exclusions" found in Part G – General Provisions.

RE-ELIGIBILITY

If **You** return to full-time employment for less than 6 consecutive months after receiving benefits under this Part A and subsequently suffer another period of at least 30 consecutive days of involuntary unemployment, **You** will only be eligible for any remaining benefits of the maximum 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 \$15,000 maximum limit) for subsequent periods of covered involuntary unemployment.

PART B – INVOLUNTARY UNEMPLOYMENT – SELF EMPLOYED INDIVIDUALS

SINGLE COVERAGE PLAN

BENEFITS

If the **Insured Person** becomes involuntarily unemployed, as a self-employed individual due to the business being involuntarily petitioned into bankruptcy by creditors, and remains unable to generate any income during the period of 30 consecutive days after the **Effective Date** and while insured under this Policy, the **Insured Person** may be entitled to benefits under this Part B for self-employed individuals.

Upon eligibility, **We** will pay Glory Hills Services Inc. on behalf of the **Insured Person**, retroactively beginning from the **Date of Loss**, the **Insured Person's Monthly Payments** as defined in Part F - Definitions. **Payments** will continue until the **Insured Person** returns to full-time employment, subject to a maximum of 12 Monthly payments or until the expiry of this Policy, whichever occurs first. When the **Insured Person** is simultaneously disabled and involuntarily unemployed, entitlement is limited to benefits under only one coverage, not under both. The total **Monthly Payments** will not exceed the lesser of the **Outstanding Balance** at the **Date of Loss** or the maximum of \$15,000.00

For individuals who may simultaneously be earning income in an employer and employee relationship and operating a business in a self-employed capacity, benefits are payable under only one of the following: Part A-Involuntary Unemployment Benefit or Part B-Involuntary Unemployment-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.

JOINT COVERAGE PLAN

BENEFITS

If the policy is issued under a Joint Coverage Plan, insuring the lives of both individuals, benefits shall be payable as follows:

- 1) **Eligibility and Payment:** In the event that an **Insured Person** becomes Involuntarily Unemployed and a benefit is paid under this **Part B**, and subsequently the other **Insured Person** (if applicable) experiences a qualifying Involuntary Unemployment event under the same coverage, **We** will pay to Glory Hills Services Inc., on behalf of the second claimant, retroactive from the **Date of Loss**, only the remaining unpaid portion of the maximum benefit amount, up to \$15,000, less any amount previously paid under this coverage.
- 2) **Coverage Limitation:** The aggregate total of all payments made under this PART B, on behalf of the **Insured Person**, shall not exceed the lesser of the **Outstanding Balance** at the **Date of Loss** or **\$15,000.00**. Benefits will not be duplicated or paid concurrently for both individuals.
- 3) **Order of Payment:** Benefits shall be paid first on behalf of the **Insured Person** who experiences the qualifying loss earliest. Any subsequent claim by the other **Insured Person** will be limited to the **remaining unpaid balance** of the coverage amount, subject to all terms and conditions of this Policy.

CONDITIONS

To be eligible for benefits under the policy for involuntary unemployment for self-employed individual benefits,

- 1) **You** must have been insured under the Policy and working in a 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 Trans Global insurance policy.
- 2) **You** shall have been involuntarily unemployed for more than 30 consecutive days;
- 3) Prior to **Your** involuntary unemployment, as a self-employed individual, **You** shall have been paying employment insurance premiums to Canada Revenue Agency (CRA) and/or any of its successor entities. **Within 15 days of Your involuntary unemployment, You must have registered with Service Canada or a similar entity to receive employment insurance benefits.**
- 4) **You** must be approved by Canada Employment Insurance Commission for receipt of benefits under the Canada Employment Insurance Program as set out in the Canada Employment Insurance Act.
- 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 of active efforts to obtain 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) Voluntary unemployment, **You** refused to complete work, as contracted or as outlined in jobs 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 any resulting 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 heading "General Exclusions" 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 Part B and subsequently suffer another period of at least 90 consecutive days of involuntary unemployment, for self-employed individuals, eligibility will be limited to any remaining benefits of the maximum 12 Monthly Payments available 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 \$15,000.00 maximum policy limit) for subsequent periods covered by involuntary unemployment for self-employed individuals.

NOTICE OF LOSS in writing may be filed with Trans Global Insurance Company and Trans Global Life Insurance Company at the office address set out at the beginning of this Certificate 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 the Policy 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 in obtaining proof or evidence of the loss will be at **Your** own expense.

Bankruptcy court documents must be provided to **Us** at the address set out at the beginning of the Policy 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

SINGLE COVERAGE PLAN

BENEFITS

If, after the **Effective Date** and while insured, the **Insured Person** is diagnosed for the first time with a Critical Illness and survives that **First Diagnosis** for at least 30 days, **We** will pay to Glory Hills Services Inc. an amount equal to the **Outstanding Balance** as on the date of the **First Diagnosis** of the Critical Illness. The total benefits paid will not exceed the lesser of the **Outstanding Balance** or \$15,000.00.

CONDITIONS

- 1) Critical Illness coverage under Part C ceases to an individual once they attain 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 Life Threatening Cancer, 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, the Critical Illness benefit will be paid only once to the **Insured Person**. After the Critical Illness benefit is paid, the **Insured Person** remains eligible for benefits described under Parts A, B, D, & E of this Certificate, provided the conditions of this Certificate are met.
- 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.

JOINT COVERAGE PLAN

If this Policy is issued under a Joint Coverage Plan, insuring the lives of both individuals, benefits shall be payable as follows:

- 1) Separate Eligibility: Each **Insured Person** is individually eligible for a Critical Illness benefit upon satisfying the conditions of this Part C.
- 2) Benefit Amount: Each **Insured Person** is individually eligible for a Critical Illness benefit under this Part C; however, the combined total amount payable under this Policy for both **Insured Persons** shall not exceed the lesser of:
 - a. the **Outstanding Balance** on the Date of the **First Diagnosis**, or
 - b. \$15,000.00.
- 3) Benefits will not be paid concurrently for both **Insured Persons**. If both **Insured Persons** experience a qualifying Critical Illness, payment will be made for the first qualifying claim, and any subsequent qualifying claim will be limited to the remaining unpaid portion of the \$15,000.00 aggregate maximum benefit.

EXCLUSIONS

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

- 1) The Critical Illness resulted directly or indirectly from any of the exclusions listed under the heading "General Exclusions" found in Part G – General Provisions;
- 2) The Critical Illness existed, or was First Diagnosed, prior to the **Effective Date** or within 90 days after the **Effective Date**.

CRITICAL ILLNESS DEFINITIONS & LIMITATIONS

CRITICAL ILLNESS

FIRST DIAGNOSIS & FIRST DIAGNOSED means the date on which a licensed physician establishes the diagnosis of a Critical Illness.

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

- 1) Cancer (Life Threatening) – Meaning 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, Cancer includes leukemia and Hodgkin's disease but does not include:
 - a. All tumors which are histologically described as pre-malignant, as non-invasive 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 – Meaning 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 – Meaning 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. 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.
 - d. The Surgery must be deemed medically necessary by a physician who is a board-certified cardiologist.
- 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

SINGLE COVERAGE PLAN

BENEFITS

If the **Insured Person** becomes totally disabled and as a result, is unable to work, while covered under this Policy, **We** will make **Monthly Payments**, as defined in Part F - Definitions, to Glory Hills Services Inc. on behalf of the **Insured Person** during the period of total disability. Payments will begin retroactively from the **Date of Loss** and continue until the **Insured Person** is able to return to work, subject to a maximum 12 Monthly Payments guidelines based on the Premium type. The total benefits paid will not exceed the lesser of the **Outstanding Balance** or \$15,000.00.

JOINT COVERAGE PLAN

BENEFITS

If the policy is issued under a Joint Coverage Plan, insuring the lives of both individuals, benefits shall be payable as follows:

- 1) **Eligibility and Payment:** In the event that an **Insured Person** becomes Involuntarily Unemployed and a benefit is paid under this **Part D**, and subsequently the other **Insured Person** (if applicable) experiences a qualifying Involuntary Unemployment event under the same coverage, **We** will pay to Glory Hills Services Inc., on behalf of the second claimant, retroactive from the **Date of Loss**, only the remaining unpaid portion of the maximum benefit amount, up to \$15,000, less any amount previously paid under this coverage.
- 2) **Coverage Limitation:** The aggregate total of all payments made under this PART D, on behalf of the **Insured Person**, shall not exceed the lesser of the **Outstanding Balance** at the **Date of Loss** or **\$15,000.00**. Benefits will not be duplicated or paid concurrently for both individuals.
- 3) **Order of Payment:** Benefits shall be paid first on behalf of the **Insured Person** who experiences the qualifying loss earliest. Any subsequent claim by the other **Insured Person** will be limited to the **remaining unpaid balance** of the coverage amount, subject to all terms and conditions of this Policy.

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 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 **Your** 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** are totally disabled and unable to resume employment because of the disability. **You** may be required to provide subsequent verification of continued disability to **US**.
- 4) Benefits will end once **Your** doctor or attending physician 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 under only one coverage, not under both.

EXCLUSIONS

We do not pay a disability benefit if **Your** 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, **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 **Your** coverage;
- 3) a nervous, mental, psychological, emotional or behavioral disorder or condition unless **You** are under the full-time care of a licensed psychiatrist;
- 4) a Critical Illness for which a benefit has been paid under Part C- Critical Illness, of this Plan;
- 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

SINGLE COVERAGE PLAN

BENEFITS

We will pay to Glory Hills Services Inc., on behalf of the **Insured Person**, upon due proof of the death or dismemberment occurring after the **Effective Date** and while the **Insured Person** is covered under the Policy an amount of insurance equal to the **Outstanding Balance** of the account at the date of death or dismemberment to a maximum of \$15,000.00. If death and dismemberment occur simultaneously, only one benefit shall be payable under this Policy.

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.

JOINT COVERAGE PLAN

- 1) **Eligibility:**
You must be individually eligible for Life and Dismemberment coverage under this Part E.
- 2) **Benefit Amount:**
 - a. Upon the death or dismemberment of either **Insured Person**, **We** will pay to Glory Hills Services Inc. an amount equal to the **Outstanding Balance** as of the **Date of Loss**, up to a combined maximum of \$15,000.00 for both **Insured Persons** under this Policy.
 - b. The Life benefit is only paid once to Glory Hills Services Inc. on behalf of the **Insured Person** who experiences the qualifying event
 - c. For Dismemberment, if benefits have been paid on behalf of one **Insured Person**, any subsequent claim by the second claimant will be limited to the remaining unpaid portion of the \$15,000.00 maximum benefit.

3) **Simultaneous Losses:**

If both **Insured Persons** experience death or dismemberment simultaneously, only one benefit will be paid, not exceeding the lesser of the **Outstanding Balance** or \$15,000.00.

AGE LIMITATION

If the **Insured Person, is** 65 (71 in British Columbia) years of age or more at the date **Your** death, the Life insurance benefit for that individual will be paid only in the event of accidental death. Accidental death shall mean death through accidental means sustained directly or independently of all other causes and occurring within 90 days from the date of the accident.

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** dies 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 **Your** coverage.
- 3) A critical Illness for which a benefit has been paid under Part C – Critical Illness – of this Policy.

PART F - DEFINITIONS

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.

EFFECTIVE DATE for the coverages provided under Parts A, B, C, D, and E, the **Effective Date** is the date that **We**, or Glory Hills Services Inc., receive **Your** application for Payment Protection Insurance.

FIRST DIAGNOSIS & FIRST DIAGNOSED means the date on which a licensed physician establishes the diagnosis of a Critical Illness.

JOINT COVERAGE means insurance issued jointly to Glory Hills Services Inc. customers, insuring the lives of both individuals. In this case, the definition of "Insured Person" shall include joint insureds under one Certificate.

CHARGES FOR INSURANCE AND METHOD FOR DETERMINATION

- **MONTHLY PAYMENT(S)** is based on the insurance premium financing payment obligation amounts that make up **Your** Glory Hills Services Inc. **Outstanding Balance**.
- **OUTSTANDING BALANCE** is the total of **Your** insurance premium financing payment obligation amounts owing on **Your** Glory Hills Services Inc. insurance premium financing contract as of the **Date of Loss**.

YOU, YOUR and YOURSELF mean the Insured Person, and for Joint Coverage, refer to both individuals, Joint and Severally on the Glory Hills Services Inc. insurance premium financing contract account and is responsible for the outstanding debt.

INSURED PERSON(S) means for Single Coverage, the individual whose name appear on the Glory Hills Services Inc. insurance premium financing contract account and is responsible for the outstanding debt and for Joint Coverage, the individuals whose name appear on the Glory Hills Services Inc. insurance premium financing contract account and who are jointly responsible for the outstanding debt.

WE, US and/or OUR refers to Trans Global Life Insurance Company and or Trans Global Insurance Company.

PART G - GENERAL PROVISIONS

BENEFICIARY - Benefits payable under Parts A, B, C, D, & E of the Policy shall be paid to Glory Hills Services Inc., as irrevocable Beneficiary, to be applied by the Glory Hills Insurance premium financing contract toward the discharge of the **Outstanding Balance**.

CERTIFICATE - This Certificate of Insurance, which replaces all other certificates previously issued to Glory Hills Services Inc. insurance premium financing customers who have enrolled in the Policy, contains all the insuring terms and conditions between the **You** and **Us**. In the event of any inconsistencies or ambiguities between this Certificate and the Group Policies Numbers GH-0717-P & GH-0717-L regarding the coverage, the terms of this Certificate will prevail. Copies of the Group Policies are available by contacting Trans Global Insurance Group.

MAKING A CLAIM

CLAIM FORMS may be obtained by **calling 1-844-930-6022** or by **downloading** the claim form at <https://transglobalinsurance.ca/claims/>.

NOTICE OF LOSS in writing must be filed with Trans Global Insurance Group at the office address set out at the beginning of this Certificate 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 Trans Global Insurance Group at the office address set out at the beginning of this Certificate 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 **Your** 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.

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/>.

PRIVACY MATTERS TO US

We are committed to protecting the **Your** privacy of all **Insured Persons**. **We** respect the **confidentiality of personal information** and want each **Insured Person** to understand how such information is collected, used and safeguarded.

How We Collect Personal Information

We collect and keep information about **You**, which is necessary to provide insurance products and services and to administer this Policy. **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/or former employer.

How We Use Personal Information

We use **Your** personal information to provide the insurance products and services **You** request, which includes using it to evaluate insurance risk and manage claims. **We** may also share **Your** personal 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

16904 – 137 Avenue NW, Edmonton, Alberta T5V 0C8

For more information on privacy at Trans Global Insurance, 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**; 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 on **Your** Insurance Payment Protection 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 **Your** Outstanding Glory Hills insurance premium Balance on the **Date of Loss**. Any purchases or charges made on **Your** Monthly 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.

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 coverage.

PREMIUM RATE - The premium charged under the Policy as outlined in the statement of disclosure on the "Glory Hills Services Inc. insurance premium financing contract " along with applicable taxes as follows:

Your loan payment protection premium is based on the total amount financed through Glory Hills Services Inc. and is calculated as follows:

- For Single Coverage: 9.1% of the total financed amount
- For Joint Coverage: 15% of the total financed amount

The total financed amount includes:

- Loan amount
- Service charge
- Minus any down payment (if applicable)
- Plus \$50, but only if a down payment is made

Examples:

- If your financed amount is **\$400** and you made a down payment, your premium would be **\$27.45** plus applicable taxes.
- If your financed amount is **\$400** and you did **not** make a down payment, your premium would be **\$24.40** plus applicable taxes.
- If your financed amount is **\$0**, your premium would be **\$0**.

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 Glory Hills Services Inc. 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 **Your** Glory Hills Services Inc. insurance premium financing Contract 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 **Your** rights of recovery and **You** shall execute and deliver all papers and do whatever is necessary for **Us** to secure those rights.

TERM AND TERMINATION OF COVERAGE

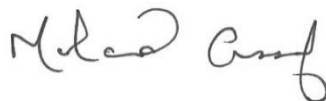
The term of the insurance provided under this Certificate commences upon **Your** agreement to purchase the insurance coverage hereunder and will end on the sooner of:

- 1) The next billing date after **We** or Glory Hills Services Inc. receive **Your** written request to end this insurance coverage, or
- 2) 31 days from the date **We** or Glory Hills Services Inc. send **You** written notice, by first class mail to **Your** last known address, to cancel this insurance, or
- 3) The date **Your** account is terminated, on receipt of notice of termination by the insurer, or
- 4) The date You are more than 30 days delinquent in making any required payments on **Your** Insured Glory Hills Services Inc. insurance premium financing contract; however, **Your** insurance coverage will be automatically reinstated when **Your** Glory Hills Services Inc. insurance premium contract becomes current.

TRANS GLOBAL INSURANCE COMPANY

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TRANS GLOBAL LIFE INSURANCE COMPANY



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PRESIDENT