

Your Insurance Certificate

Your Optional Creditor Life Insurance is underwritten and issued by:
American Health and Life Insurance Company in the course of its insurance business in Canada

1420 - 380 Wellington Street, London, Ontario N6A 5B5
Toll free 1-800-285-8623

The Group Life Insurance Policy No. 20150005

DETAILS OF YOUR LOAN

Creditor's Name	Creditor's Branch Number	Loan Account Number	Loan Term Months
Loan Amount	Loan Installment	Remaining Amortization Period	Date of Last Payment for the Amortization Period
\$	\$	Months	

SCHEDULE OF BENEFITS FOR THIS LOAN TERM

Primary Insured Borrower's Name:	Primary Insured Borrower's Age: Primary Insured Borrower's Date of Birth:
Insured Co-Borrower's Name	Insured Co-Borrower's Age: Insured Co-Borrower's Date of Birth:
Effective Date:	
Initial Monthly Life Premium (including applicable taxes): \$	
Total Initial Monthly Creditor Insurance Premiums (including taxes) \$ (if applicable, taxes of \$)	
Initial Amount of Life Insurance \$	Maximum Amount of Life Insurance \$150,000.00
This coverage ends on the payment due date immediately following Your 71 st birthday, or for any other reason as shown in the section titled When Your Coverage Ends	

If You Change Your Mind

- You have the right to cancel this insurance at any time.
- If You cancel for any reason within 30 days after the Effective Date, return this Certificate with Your written request for cancellation to the Creditor at the address above. Any premium You have paid for this Loan Term will be credited to Your account and the insurance will be voided as of the Effective Date.
- If You decide to cancel, You will not be able to buy Life insurance coverage in the future for this Loan Term. If You renew Your Loan, You may have to fulfill eligibility requirements at that time.

For more detailed information contact:
American Health and Life Insurance Company
1420 - 380 Wellington Street, London, Ontario N6A 5B5
Toll free 1-800-285-8623

READ YOUR CERTIFICATE CAREFULLY. IT IS A LEGAL CONTRACT BETWEEN THE COMPANY AND YOU. PLEASE NOTE THAT THIS INSURANCE COVERAGE MAY END PRIOR TO THE TERM OF THE LOAN

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A - Some Important Definitions

In this Insurance Certificate, the following definitions apply:

Balance Owing:

The Loan balance owing on the Loan payment due date preceding the date of Your death plus interest earned from the date of the last Loan payment to the date of death. Balance Owing does NOT include unearned interest or add-on fees such as payout or penalty fees.

Creditor

The creditor whose name is shown in the Details of Your Loan section. The Creditor is the Group Policyholder.

Creditor Insurance Premiums

The monthly premium for all Creditor insurance coverage(s) in force on this Loan.

Effective Date

The date insurance begins as shown in the Schedule of Benefits.

Initial Amount of Life Insurance

The lesser of the Loan Amount or the Maximum Amount of Life Insurance shown in the Schedule of Benefits.

Loan

Your Loan Account details as shown in the Details of Your Loan section.

Loan Installment

As used in this insurance certificate, means Your monthly principal and interest obligation to the Creditor in connection with this Loan; but does not include any other charges to this Loan, such as late charges, delinquency fees, or default charges.

You and Your

Refers to the Primary Insured Borrower and Insured Co-Borrower as named in the Schedule of Benefits, and for which a premium has been paid.

We, Us and Our

Refers to American Health and Life Insurance Company.

B – When You Are Eligible For Insurance

You are eligible for Life Insurance if:

- You have a Loan;
- You have initially qualified after completing the Loan Protection Insurance Application, and there has been no break in coverage;
- You have not reached Your 71st birthday.

C – When You Are Covered

C1 When Your Insurance Begins

Your insurance begins on the Effective Date shown in the Schedule of Benefits.

C2 How Long Your Insurance is in Effect

Your insurance is in effect for the Remaining Amortization Period shown in the Details of Your Loan section, except as limited by the When Your Coverage Ends section C3 below.

C3 When Your Coverage Ends

Your insurance will end on the earliest of the following dates:

- the date Your Loan is refinanced for additional cash exceeding \$1,000;
- the date Your Loan is renewed and Life coverage was not selected;
- the date Your Loan is paid in full;
- the date the collateral given as security for the Loan is repossessed;
- the date Your Loan is charged off by the Creditor or is required to be charged off by law;
- the Date of Last Payment for the Remaining Amortization Period as shown in the Details of Your Loan;
- the payment due date immediately following either of You reaching Your 71st birthday;
- the payment due date following the date a written cancellation request is received from You;
- the date the Group Policy is terminated;
- the payment due date immediately following when the Creditor notifies Us that You are in default on Your Loan with the Loan Account Number shown under the Details of Your Loan;
- the date the Creditor fails to pay the premium due;
- the payment due date immediately following when the Creditor requests cancellation of the Insurance Certificate due to Your non-payment of premium. The Creditor will give You written notice 30 days prior to the requested effective date of cancellation; or
- the date either of You die.

We have the option to terminate Your insurance if Your Loan is transferred to a non-affiliated creditor. If We choose to terminate Your insurance in this situation, You will be provided with a written notice 30 days prior to the termination date.

D – Benefits Provided By This Insurance Certificate

D1 What We Will Pay

If You die while this coverage is in effect, We will pay an amount equal to the Balance Owing on Your Loan on the date of death, but Our payment will not exceed the Initial Amount of Life Insurance shown in the Schedule of Benefits section of this Insurance Certificate.

Subject to the Maximum Amount of Life Insurance shown in the Schedule of Benefits, the Amount of Life Insurance in force at any time will be equal to the Balance Owing.

If both the Primary Insured Borrower and the Insured Co-Borrower are insured and die at the same time, We will make a payment for the Primary Insured Borrower only.

D2 What Is Not Covered (Exclusions and Limitations)

If either of You commit suicide within two years after the Insurance Effective Date, whether sane or insane, We will not make a payment. Instead, We will cancel Your Life Insurance and refund the Life Insurance premiums You have paid.

We will not pay a benefit if Your death is the result of an act of war, whether or not war has been declared.

E – Information About This Insurance Certificate

E1 Misstating Your Age

If either of You provided Us with an incorrect age at the time of application for this insurance, and Your age was 71 or greater, no insurance will be effective under this Certificate.
If no claim has been paid this insurance certificate is voided and, We will refund to the Creditor any premiums You have paid.

E2 Making A Claim

Notice of claim: We should be notified of a claim within 60 days after the date of Your death or as soon as reasonably possible. We may not pay a claim if it is made later than 2 years after the date of Your death.

Claim forms: We will provide You with the forms necessary to file a claim as soon as reasonably possible after You notify Us.

To whom We will make Our payment: We will pay any insurance benefit to the Creditor. The benefit paid will be applied to reduce the Balance Owing on Your Loan. We will pay a Life Insurance benefit within 30 days of receiving Your completed claim form or other written proof of death.

The Creditor may not act on Our behalf to settle any claim.

All benefit payments are made in Canadian dollars.

This Certificate contains a provision removing or restricting the right of the group person insured to designate persons to whom or for whose benefit insurance money is to be payable.

If You have questions, You may contact Your branch, notify Us in writing, or call Us.

E3 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 applicable provincial legislation: In Alberta - *Insurance Act*; In British Columbia, New Brunswick, Nova Scotia, Prince Edward Island, Yukon, Northern Territories and Nunavut - *Insurance Act*; In Manitoba – *The Insurance Act*; In Ontario – *Limitations Act of 2002*; In Saskatchewan and Newfoundland – *The Limitations Act*.

E4 Contesting Your Coverage

We may not contest Your coverage as the result of any statement signed by You for this insurance, after the coverage has been in effect for 2 years, except in cases of fraud.

E5 Our Rights Under This Insurance Certificate

Your coverage is subject to the terms and conditions described in this insurance certificate. We may choose not to apply any of the conditions or rights We have under this insurance certificate. If We do so, it will not prevent Us from applying them in the future. Also it will not affect in any way any other conditions or rights to which We are entitled.

The terms of this Insurance Certificate may be changed by Us by an endorsement or an amendment to the Group Policy which is agreed to in writing by the Creditor and which will become effective 30 days after written notice is provided to You.

E6 Your Rights Under This Insurance Certificate

You have the right to obtain copies of Your application and any written statement or other record, not otherwise part of the application, provided to Us as evidence of Your insurability.

You also have the right to access the non-confidential parts of the Group Policies referenced at the start of this certificate.

E7 Premiums

Premiums will be paid by the Creditor each month on Your behalf and will be collected from You in accordance with the terms of the Loan Account agreement. The rate of premium charged by the Creditor for this insurance may not legally exceed that paid by the Creditor to Us, on Your behalf. If We change the premium rates and such change results in an increase then We will give You written notice (1) at least 30 days in advance; and (2) setting forth the revised rates and the effective date. Any such notice should be attached to this Certificate of Insurance. Any increase in rates will not be retroactive.

E8 Assignment

Our written consent must be obtained before the interest of the Creditor and/or Debtor in the: (a) Group Policy; (b) Certificate of Insurance; (c) or any part thereof, is assignable. Our liability under the Group Policy and/or this Certificate of Insurance shall immediately cease in the event of transfer or assignment of such interest without Our consent

E9 If You Decide To Cancel Your Coverage

You have the right to cancel this coverage in writing at any time.

If You cancel the coverage within 30 days after the Effective Date, You will receive a full credit to Your account for the premium charged.

Any premium paid beyond the effective date of cancellation of this insurance will be credited to Your account.

F How To Reach Us

Customer Inquiries

Customer satisfaction is important to Us. If You have any questions regarding Your insurance or Our policies and procedures, please contact:

American Health and Life Insurance Company
1420 - 380 Wellington Street
London, Ontario
N6A 5B5

Toll free 1-800-285-8623

If We are unable to resolve Your questions to Your satisfaction, You have the right to contact the General Insurance OmbudService toll free at 1-877-225-0446



Henryka Anderson
Chief Agent for Canada