SUMMIT LEASE®

Credit Insurance Protection Guide

GL 05-12

SECTION 1 - DEFINITIONS AND ELIGIBILITY DEFINITIONS

In addition to the other terms which are defined throughout this Certificate, in this Certificate:

Accident means external trauma incurred while this Certificate is inforce, from a force foreign to the Insured Person and not arising out of or due to Sickness or Illness.

Accidental Disability means a Total Disability suffered by an Insured Person who has elected this coverage with or without Life Insurance as shown in the Schedule, first incurred while this insurance is in force, which is caused solely by an Accident as defined herein, and not as a result of or related to or arising out of any Sickness or illness.

Claimant means one of the following people who makes a claim under this Certificate: the Insured Person; a person who is jointly liable with the Insured Person for the Obligation; or an agent or other legal representative of any such person.

Co-Debtor means a debtor, who is the second signatory for an Obligation, if any, named on the Schedule.

Creditor means lender or lessor shown in the Schedule who is the Primary Beneficiary for all benefits under this Certificate.

Debtor means the Debtor named on the Schedule (the "Debtor").

Diagnosis means a written diagnosis by a physician of a covered impairment. The effective date of this diagnosis shall be the date the diagnosis is established by the physician, as supported by the Insured's medical records.

Effective Date of Insurance means the date your insurance begins and is the later of the date your application for insurance is approved by Foresters Life Insurance Company and the date the first insurance premium is received by Foresters Life Insurance Company.

ELIGIBILITY

To be eligible for Life Insurance, Disability Insurance and/or Critical Illness Insurance the Debtor, and if applying for such insurance the Co-Debtor must on the Effective Date of Insurance:

1. Be a Natural Person (the directors, officers and shareholders of partnerships, corporations or other forms of business entities are eligible for coverage but in their specific, individual capacities, respectively); and

2. Be a resident of Canada, at least 18 years of age but not yet reached the age of 70 for Life Insurance or not have reached the age of 65 for Total Disability and/or Critical Illness Insurance;

3. Have a loan or lease that does not exceed the Maximum Principal Amount Insured with a repayment term of not more than 84 months (not more than 60 months if age 65 or over) for Life Insurance;

4. Have a loan or lease that does not exceed the Maximum Principal Amount Insured with a repayment term of not more than 84 months between the ages of 18-58 and for limited coverage to 65 between the ages of 59-65 for Critical Illness Insurance;

5. Have a loan or lease that does not exceed the Maximum Principal Amount Insured with a repayment term of not more than 84 months between the ages of 18-58 and for limited coverage to 65 between the ages of 59-65 for Disability Insurance;

6. Be physically able to perform the usual duties of his or her occupation; and

7. Be working at this occupation for at least 30 hours per week for 30 consecutive days immediately prior to the Effective Date of Insurance or gainfully employed as a seasonal employee and have been so employed for 13 consecutive weeks during the 12 month period immediately preceding the date insurance begins for Total Disability Insurance. This provision does not apply if the insurance applied for is Accidental Disabilities only without life insurance as shown on the Schedule.

If an Insured Person was not eligible on the Effective Date of Insurance for the insurance applied for, then notwithstanding the payment of any premium for such insurance, such insurance shall be deemed to have never been in effect and in the event of a claim, the liability of the Insurer shall be limited to repayment to the Debtor of the premium paid, without interest. If you apply for any Insurance and the amount of the Loan applied for exceeds $200,000 (including Residual Value/Balloon Payment) medical questions must be answered and the Effective Date is subject to approval by Insurer.

Group Policy means the Group Life Policy and Group Disability Policy.

Hospital means a facility which:

- is operated according to law for the care and treatment of injured and sick people;
- has organized facilities for diagnosis and surgery on its premises or in facilities available to it on a prearranged basis and controlled by the establishment;
- has 24-hour nursing service by registered nurses (R.N.), on duty or on call; and
- is supervised by one or more Physicians.

Indebtedness means either the unpaid Principal Amount under a loan made between the Creditor and the Debtor, or the remaining payments to be made under a lease agreement between the Creditor and the Debtor.

Injury means any bodily injury resulting directly or indirectly from an Accident that occurs during the term of insurance. Injury does not include pregnancy or any bodily injury resulting there from.

Insured Person means a Debtor and Co-debtor who is eligible to apply for insurance in accordance with the provisions of the Group

Policy, at the time he/she applied for Insurance under the Group Policy who have paid the applicable insurance premium and whose insurance under the Group Policy is in force. In no event will more than two eligible Debtors be insured with respect to the same Loan premium.

Insurer means Foresters Life Insurance Company.

Joint means the insurance covering both Debtor and Co-Debtor which will pay a benefit in respect of only one Life Insured at a time. In the case of Life, Loss of Use or Critical Illness benefits coverage will terminate once a benefit has been paid.

Medical Treatment means medical advice, consultation, care, service or diagnosis rendered by a physician or surgeon who is licensed or otherwise qualified by law to practice medicine of the type rendered.

Obligation means a lease or a loan with the Creditor, covered under this Certificate.

Physician means a medical doctor who is qualified and duly licensed in the jurisdiction in which he/she operates and who is licensed or otherwise qualified by law to practice medicine in the area where such medical advice, consultations, care, service, or diagnosis is rendered. A Physician must be a person other than yourself, a business partner or relative.

Pre-Existing Condition means:

(i) For Critical Illness or for Life Insurance any illness, disease or physical condition, whether diagnosed by a physician or not, for which symptoms first occurred, or for which Medical Treatment was recommended, required or obtained, or for which prescription drugs were prescribed or taken, within the twelve (12) consecutive months immediately preceding the Effective Date of Insurance; and

(ii) Any Total Disability for which medical advice, consultation, diagnosis or treatment including prescription drugs were required or recommended during the 12 months prior to the Effective Date of Insurance and which caused, directly or indirectly, such Total Disability to begin within 12 months following the Effective Date of Insurance.

Psychiatrist means a medical doctor who is qualified and duly licensed in the jurisdiction in which he/she operates and who is licensed or otherwise qualified by law to practice medicine in the area where such medical advice, consultations, care, service, or diagnosis is rendered. A Psychiatrist must be a person other than yourself, a business partner or relative.

Sickness means any illness or disease of the body or mind, which first manifests itself while you are insured under the Group Policy with respect to the term Loan. 'Sickness' includes: mental, nervous, psychological, emotional or behavioral disorders, diseases or conditions. 'Sickness' does not include pregnancy, abortion, miscarriage, childbirth or parental leave as a result thereof.

Total Disability or **Totally Disabled** means:

1. That condition suffered by an Insured Person while this insurance is in force, which prevents the Insured Person during the first 12 months of Total Disability from performing the duties of their occupation or employment; and during any period over 12 months, from performing the duties of any occupation or employment for which the Insured Person is suited by reason of education, training or experience. You must also be under the regular care and attendance of a qualified physician. If you are unable to work due to mental or emotional disorder, Total Disability also means that you are under the regular care of a psychiatrist licensed in Canada institutionalized and/or participating in ongoing counseling or therapy sessions in accordance with the recommendation of your psychiatrist.

2. You will not be considered Totally Disabled, if you are employed in any other gainful occupation. You must also be under the regular care and attendance of a qualified physician.

3. If Accidental Disability Insurance is chosen with or without Life Insurance, the Total Disability will be limited to that condition caused by an Accidental Disability as defined above and excludes Disabilities caused by Sickness.

Surgery means that the Insured actually undergoes surgery as specified for a covered impairment, performed by a Physician, in Canada.

Waiting Period means Insured must be Totally Disabled for 30 days before any benefits become payable.

SECTION 2 - LIFE INSURANCE
LIFE INSURANCE BENEFIT

Life Insurance will only be in effect for an Insured Person if applied for as indicated on the Schedule, if premiums have been paid for and if the Insured Person was eligible for Life Insurance on the Effective Date of Insurance. Subject to applicable terms of this Certificate and the Group Policy the Insurer will pay a Principal Sum to the Creditor upon receipt of proof, satisfactory to the Insurer, that death occurred while the insurance was in force and did not result from one or more of the Exclusions. Where the Debtor and Co-Debtor are both insured with respect to the same Loan, no more than one Principal Sum is payable.

In no event will the Principal Sum cover the Loan payments in arrears or any accrued interest thereon. Coverage under this Certificate ends when the Principal Sum is paid.

LOSS OF USE

A Loss of Use Benefit will only be in effect for an Insured Person if Accidental Disability Insurance with or without life insurance is applied for as indicated on the Schedule, if premiums have been paid for and if the Insured Person was eligible for Accidental Disability Insurance applied for on the Effective Date of Insurance. Subject to the applicable terms of this Certificate and the Group Policy, the

Insurer will pay the Principal to the Creditor upon receipt of proof, satisfactory to the Insurer that you have suffered a Loss as outlined in this Section and that such Loss:

1. Resulted from Accident or Injury and was independent of any other causes; and

2. Occurred within 365 days of the Accident or Injury and while this Certificate was in force; and

3. The Plan Maximum subject to Benefit Limitations; and

4. Did not result from an Exclusion; and

5. Did not result in a Loss otherwise covered under this Certificate.

In no event will the Loss of Use Benefit cover Loan Payments in arrears or any accrued interest therein. Coverage under this Certificate will end when the principal sum is paid.

DEFINITIONS

Loss means Loss of Use of both eyes; Loss of Use of both hands or both feet; Loss of Use of one hand and one foot.

Loss of Use means Loss of Use, which is permanent, total irreversible, which is beyond remedy by surgical or other means and which has been continuous for 180 days.

Principal Sum means the lesser of:

1. Your Loan balance on the date the Loss occurred as advised by the Creditor, including any Balloon Payment/Residual Value shown in the Schedule provided the coverage applied for and the appropriate premium has been paid and received by the Insurer; and

2. In the case of a Lease, the present value of your outstanding lease payments including any Balloon Payment/Residual Value shown in the Schedule, provided the coverage applied for and the appropriate premium has been paid and received by the Insurer; or

3. The Maximums shown in the Schedule.

If you sustain more than one Loss, the Maximum payable for all such Losses will be the Principal Sum where the Debtor and Co-Debtor are both insured with respect to the same Loan. The Principal Sum is payable no more than once.

SECTION 3 - CRITICAL ILLNESS
CRITICAL ILLNESS INSURANCE BENEFIT

Critical Illness Insurance will only be in effect for an Insured Person if applied for as indicated on the Schedule, if premiums have been paid for and if the Insured Person was eligible for Critical Illness Insurance on the Effective Date of Insurance. Subject to the applicable terms of

this Certificate and the Group Policy, the Insurer will pay the Principal Sum to the Creditor benefit only if Diagnosis of a Covered Condition on the Insured Person first occurs after the Effective Date of Insurance and only if that Insured Person survives 30 days following such Diagnosis, and is subject to the terms, conditions, limitations and exclusions of this Certificate. Where the Debtor and Co-Debtor both have Critical Illness Insurance Benefit and either or both suffer from a Covered Condition for which the Principal Sum is payable, only one Principal Sum is payable. Coverage under this Certificate ends when the Principal Sum is paid.

DEFINITIONS

Covered Condition means Cancer, Heart Attack, and Stroke as each of these conditions are defined herein.

Heart Attack (Myocardial Infarction) will mean the death of a portion of heart muscle as a result of inadequate blood supply. The following features must be present:

- Confirmation by a qualified cardiologist of presence of akinesia or dyskinesia during echocardiographic examination or any other recognized method of cardiac imaging, and

Together at least one of the following three conditions:

- Development of pathological Q wave in at least 2 EKG leads (Q>/0,04 s and Q>25% amplitude of the following R wave),
- Abnormal EKG changes of heart attack with characteristic dynamics of biochemical markers, i.e. CK-MB and troponin,
- Typical anamnesis for heart attack with characteristic dynamics of biochemical markers, i.e. CK-MB and troponin.

Insurance claims will also be paid, when above mentioned conditions are not fulfilled, if diagnosis of acute heart attack is confirmed by a cardiologist, Insured was treated by hospital intravenous thrombolysis or PTCA (primary coronary angioplasty) and had fulfilled indication criteria for this treatment.

Stroke will mean the diagnosis by a physician certified as a neurologist, of the infarction of brain tissue caused by thrombosis, hemorrhage or embolism. To qualify for this insured condition, the diagnosis must also be supported by medical evidence resulting in a measurable neurological deficit, which has persisted for 30 consecutive days and is deemed to be permanent. Transient ischemic attacks (TIA) are specifically excluded.

Cancer will mean the diagnosis by a physician certified as an oncologist of a malignant tumour, which is characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue.

CANCER EXCLUSIONS

- Stage T1A and T1B prostate cancer, as defined under the TMN Classification
- Non-Invasive carcinoma in situ
- Pre-malignant lesions or polyps
- Any tumour in the presence of any human immunodeficiency virus (HIV)

- Any skin cancer except superficial spreading melanoma (SSM) with Breslow thickness < 0.70mm and Clark level of I.
- The first diagnosis of Cancer, or any symptom or medical problem that initiated any investigation leading to a first diagnosis of Cancer, is made within 12-months following the Effective Date of Insurance.

SECTION 4 - TOTAL DISABILITY INSURANCE

Total Disability Insurance will only be in effect for an Insured Person if applied for as indicated on the Schedule, if premiums have been paid for and if the Insured Person was eligible for Disability Insurance on the Effective Date of Insurance. Subject to applicable terms of this Certificate and the Group Policy the Insurer will pay a total disability benefit to the Creditor upon receipt of proof, satisfactory to the Insurer, that disability occurred while the insurance was in force and did not result from one or more of the Exclusions.

Accidental Disability

Accidental Disability Insurance will only be in effect for an Insured Person if applied for either with or without life insurance as indicated on the Schedule, if premiums have been paid for and if the Insured Person was eligible for the Accidental Disability Insurance applied for on the Effective Date of Insurance. Subject to applicable terms of this Certificate and the Group Policy the Insurer will pay a total accidental disability benefit to the Creditor upon receipt of proof, satisfactory to the Insurer, that disability occurred while the insurance was in force, as the results of an accidental injury, independent of any other causes, and did not result from one or more of the Exclusions. For Accidental Disability Insurance with or without Life Insurance, six (6) monthly payments only (per occurrence) are payable and coverage is issued with a 30 day RETRO provision.

TOTAL DISABILITY BENEFITS

Upon the Total Disability Insurance of the Insured Person for more than the Waiting Period and following receipt by the Insurer of evidence satisfactory to it of the Total Disability of such Insured Person, the Insurer will pay a Total Disability Benefit to the Creditor for each day that the Insured Person was Totally Disabled.

Payment will be calculated from the first day of Total Disability if “RETRO” has been selected or from the 31st day of Total Disability if ‘’ELIM’’ has been selected (as shown in the Schedule). The daily Total Disability Benefit will be equal to 1/30th of the Monthly Total Disability Benefit. The monthly payment to the Creditor for the Total Disability of an Insured Person shall not exceed the lesser of the Monthly Insured Amount for any full calendar month or the Maximum shown in the Schedule. Total Disability benefits will cease on the earliest of:

1. The date the Insurer asks for proof of continued Total Disability and such proof is not provided within 31 days; or

2. The date on which all scheduled Loan payments have been made excluding any arrears and any accrued interest thereon; or

3. The date that the maximum number of monthly payments selected (as shown in the Schedule) have been paid; or

4. The Date Insurance Terminates in addition and not withstanding termination as defined in Section 8; or

5. The date the Total Disability ceases.

Total Disability Benefits does not cover the amount of any Residual Value or Balloon Payment If the Debtor and, if insured the Co-debtor, are both Totally Disabled at the same time, regardless of the coverage type, the Insurer shall only pay the Creditor one Total Disability Benefit.

PHYSICAL EXAMINATION

The Insurer, at its expense will have the right to examine any Insured Person claiming Total Disability as often as reasonably required. Failure by such Insured Person to submit to any such examination will result in the termination of Total Disability benefits as defined above.

SECTION 5 - EXCLUSIONS and LIMITATIONS

No benefits shall be payable for the Death, Total Disability, or Critical Illness of an Insured Person, if such Death, Total Disability or Critical Illness results directly or indirectly from or is contributed to or by:

1) War or act of war;
2) An intentionally self-inflicted injury;
3) Abuse or ingestion of any alcohol, poison, intoxicant or narcotic;
4) Commission or attempted commission of a criminal offence;
5) Flight in a non-scheduled aircraft;
6) A Pre-Existing Condition as defined in Section 1.

In addition to the above, in the case of Total Disability or Critical Illness of an Insured Person, no benefits shall be payable if such Total Disability or Critical Illness results directly or indirectly from or is contributed to or by:

1) Pregnancy, abortion, miscarriage or childbirth or due to parental leave as a result thereof;

2) Cosmetic or elective surgery;

3) Any identified or unidentified Sickness, disease, bodily injury, condition or symptom for which You received medical advice, consultation or treatment during the 12 calendar months immediately preceding the Effective Date of Insurance;

4) The insured does not survive the waiting period.

If diagnosed or treated outside of Canada, the benefit will be payable only if all the following conditions are satisfied:

a) The complete medical records are made available to us.

b) Based on medical records, we are satisfied that:
   (i) The same diagnosis would have been made if the illness, injury or accident had occurred in Canada;
   (ii) Immediate treatment would have been indicated under Canadian standards; and
   (iii) The same treatment, involving the particular surgical procedure, would have been advised if treatment had taken place in Canada.

c) The Insured must undergo an independent medical examination by a physician appointed by us, if we make such a request.

5) The insured does not survive the waiting period.

In addition to the above, in the case of a Critical Illness of an Insured Person, no benefits shall be payable if such Critical Illness results directly or indirectly from or is contributed to or by:

1) Any symptom or medical problem that initiated any investigation leading to a first Diagnosis of Cancer, that is made within 12-months following the Effective Date of Insurance.

Suicide Clause

If an Insured Person commits suicide, while sane or insane, within two years of the Effective Date of Insurance, the Insurer's liability will be limited to payment to the Debtor, of the premiums paid, without interest, on such Insured Person. If Insurance coverage was in effect on both the Debtor and the Co-Debtor and one of them has committed suicide, insurance will continue in effect on the survivor.

SECTION 6 - CLAIMS OBTAINING AND FILING FORMS

A Claimant must give notice of claim within 30 days of the happening of the event giving rise to the claim. Notice of claim may be given by telephoning the toll free number or by writing to the Insurer. Claims forms will be furnished to the Claimant within 15 days of receipt of notice of claim. If the claims forms are not furnished within 15 days of receipt of notice of claim, the Claimant may submit proof of claim to the Insurer, in the form of a written statement of the circumstances of the happening of the event giving rise to the claim, the loss occasioned thereby and the right of the Creditor to receive the applicable benefits. Within 1 year for a life claim and 90 days for a Total Disability claim and Critical Illness claim, the Claimant must furnish the Insurer, as the case may be, with such proof satisfactory to the Insurer as is reasonably possible, in the circumstances, of the happening of the event giving rise to the claim, the loss occasioned thereby and the right of the Creditor to receive the applicable benefits. Failure to give notice of claim or proof of claim within the time set out above will not invalidate a claim if the notice or proof is given as soon as reasonably possible and in no event later than one year from the date of the event giving rise to the claim if it is shown that it was not reasonably possible to give notice or furnish proof within such time.

ADDITIONAL INFORMATION REQUIRED FOR TOTAL DISABILITY CLAIMS

In the case of a claim for Total Disability benefits or Critical Illness benefit, the Insurer will also require a certification that the Insured Person who suffers from the Total Disability or Critical Illness requires and is receiving regular treatment from a licensed Physician, such certification to be signed by such physician and where applicable from time to time, written proof, satisfactory to the Insurer, of continuing Total Disability.

SECTION 7 - THIRTY DAY RIGHT OF INSPECTION

The Debtor and Co-Debtor shall have thirty days from the Effective Date of Insurance to cancel the insurance evidenced by this Certificate. Such cancellation may be effected by giving written notice of cancellation to the Insurer or to the company responsible for enrolling the Debtor and Co-Debtor under this Certificate. The notice must be postmarked no later than the thirtieth day after the Effective Date of Insurance. Upon receipt of such written notice, the insurance evidenced by this Certificate shall be deemed to have never been in force and a full refund of the premium shall be paid to the Debtor or person entitled thereto.

SECTION 8 - TERMINATION

Insurance provided under the Group Policy shall automatically terminate without notice upon the earliest of the following dates:

1) The date the Indebtedness to the Creditor is paid in full or discharged; the insured is obligated to notify the insurer in writing of the date of discharge, if notification is received by the insurer, the insurer is not obligated to return premiums beyond 90 days of the termination date; or

2) The date of repossession by the Creditor of the property which constitutes security for the Indebtedness; the insured is obligated to notify the insurer in writing of the date of repossession, if notification is received by the insurer, the insurer is not obligated to return premiums beyond 90 days of the termination date; or

3) The Termination Date of Insurance shown on the Schedule; or

4) The date any premium payment is outstanding for more than 30 days after becoming due; or

5) The date the Insurer receives written notice of cancellation signed by the Debtor or Co-Debtor; or

6) The date of death or critical illness of an Insured Person unless excluded from coverage, then coverage can continue on the remaining insurance on the other life (if insured); or

7) The date a Life or Critical Illness Payment is made; or

8) The date the Insured Person attains age 70 for Life Insurance and age 65 for Disability and Critical Illness Insurance; or

9) If insurance terminates for any of the above reasons before the Termination of Insurance Date shown on the Schedule, unless a claim is paid, any unearned premium will be refunded to the Debtor. Such refund will be calculated using the Rule of 78 Formula and will be subject to a refund administration fee of $75.00, which will be deducted from the refund. Refunds of less than $1.00 shall not be made.

10) The Insurer terminates the Group Policy.

SECTION 9 - GENERAL
THE CONTRACT

The application for insurance, this Certificate and the Group Policy constitute the contract between the Insurer and the Debtor and if applicable, the Co-Debtor. All statements made in the application shall be deemed to be representations and not warranties. We may contest the contract, treat it as void and refuse to pay any benefits if any statement or answer on the application misrepresents or fails to disclose any fact material to the insurance. No statement will be used to void the insurance or deny a claim unless the statement is contained in the application. Except for Total Disability coverage, no such statement will be used to void the insurance or deny a claim after the Certificate has been in force for two years from the Effective Date of Insurance, unless the statement was made fraudulently.

In addition, if we allow you to reinstate this insurance or make any change to it after it is issued, based on evidence of insurability, then we can contest that reinstatement, change, addition or increase in coverage if there is any material misrepresentation or omission in the application for reinstatement or change. Except for Total Disability coverage, we will not do so after the change, addition, increase or reinstated insurance has been in effect for two years during the lifetime of the Insured Person, unless the statement was made fraudulently.

ASSIGNMENT

An Insured Person cannot assign any rights or benefits provided by the insurance. The Creditor may assign or transfer any rights or benefits provided by the insurance to another person. In the event of such assignment or transfer, the defined term “Creditor” shall be deemed to include the person to whom the Creditor assigned such rights or benefits. In the event of such assignment or transfer, the insurance evidenced by this Certificate will continue in force for the benefit of such other Creditor. The termination date of insurance will not change nor will it be extended and benefit amounts will not be changed and all other terms and conditions will remain unchanged.

MISSTATEMENT OF AGE

If the age of the Debtor or Co-Debtor, if any, has been misstated and, according to his correct age, was over the Maximum Age shown on the Schedule on the date of the loan, no insurance under the Group Policy shall take effect, and the liability of the Company shall be limited to a refund of all premiums paid thereon. If the age of the

Debtor or Co-Debtor, if any, has been misstated and insurance is still in effect, any limiting age affecting the payment of any Principal Sum or Total Disability Benefit will be based on the correct age.

APPLICABLE LAW

This certificate is governed by the law of the province or territory in which the Debtor lived, as described in the Application, when this insurance took effect.

LIMITATION PERIOD

A Claimant may begin a lawsuit to enforce a claim up to two years after the claim arises, or longer if permitted by applicable law. Currently, the applicable law with respect to limitation periods is as follows, depending on which jurisdiction's laws apply:

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*** in effect in the relevant jurisdiction, for contracts governed by the laws of Alberta, British Columbia, Manitoba, New Brunswick, Nova Scotia, Prince Edward Island, Yukon, Northwest Territories, or Nunavut;
- **The *Limitations Act*** in effect in Saskatchewan or Newfoundland, for contracts governed by the laws of those provinces; and
- **The *Limitations Act, 2002***, for contracts governed by Ontario law.

However, laws with respect to limitation periods may change, so please check the most recent law when a claim arises.

RIGHT TO DOCUMENTS

Upon request, the Debtor, any Co-Debtor and, where relevant to a claim and permitted by law, any Claimant under this Certificate will have the right to obtain a copy of the Application and the Group Policy. However, this right does not extend to information about people other than the person making the request (or, where the request is made by a Claimant, to information about people other than the person with respect to whom a claim is made) or to any confidential commercial information in the Group Policy.

Please address all inquiries to:

Bingham Group Services Corporation
P.O. Box 15, 991 Hornby Street, Vancouver, BC, V6Z 1V3
Toll Free: 1.888.799.2472 Fax: 1.888.799.2473

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