

# Companion Extend

## Insurance Application and/or Certificate of Insurance



A DIVISION OF



**PRIVACY NOTICE:** We will collect and retain all personal information concerning your insurance and claims. The information will be used for purposes of underwriting, marketing, administration and cancellation of your Certificate and investigation of claims. We will only access your file on a need to know basis and it will be kept at 2165 West Broadway, Vancouver, BC, V6B 5H6. It can be reviewed and/or rectified by written request.

STOCK NO.	CREDITOR NO.	CERTIFICATE NO.
REQUESTED EFFECTIVE DATE OF INSURANCE	FIRST PAYMENT DATE	EXPIRY DATE OF LIFE & CI INSURANCE
	APPROVAL DATE	EXPIRY DATE OF DISABILITY INSURANCE

### PART 1 – GENERAL INFORMATION

CREDITOR		FINANCIAL INSTITUTION			
SURNAME – DEBTOR (ONE PERSON ONLY)		FIRST NAME	INITIAL	TELEPHONE NUMBER	H.O. USE ONLY
APT. NO.	STREET ADDRESS	CITY	PROVINCE	POSTAL CODE	DATE OF BIRTH
SURNAME – CO-DEBTOR (ONE PERSON ONLY)		FIRST NAME	INITIAL	TELEPHONE NUMBER	H.O. USE ONLY
APT. NO.	STREET ADDRESS	CITY	PROVINCE	POSTAL CODE	DATE OF BIRTH
		H.O. USE ONLY			

### PART 2 – FINANCE INFORMATION

FINANCED AMOUNT (INCLUDING INSURANCE, APPLICABLE FEES AND TAXES)	RESIDUAL VALUE	INTEREST RATE	SOFTWARE COMPANY
MONTHLY PAYMENT (INCLUDING INSURANCE, APPLICABLE FEES AND TAXES)	DEAL TYPE (FINANCE/LEASE)	FINANCE TERM IN MONTHS	AMORTIZATION TERM IN MONTHS

### PART 3 – LIFE INSURANCE COVERAGE

<input type="checkbox"/> Debtor Only	<input type="checkbox"/> Co-Debtor Only	<input type="checkbox"/> Both	<input type="checkbox"/> Insurance declined	DEBTOR INITIALS	CO-DEBTOR INITIALS
Monthly Decreasing Term Life Insurance	INSURED FINANCED AMOUNT (EXCLUDING INTEREST)	INSURANCE TERM IN MONTHS MAXIMUM – UP TO 180 MONTHS	LIFE PREMIUM MINIMUM PREMIUM \$60		
Residual Value Life Insurance	INSURED RESIDUAL VALUE	INSURANCE TERM IN MONTHS MAXIMUM – UP TO 180 MONTHS	RESIDUAL LIFE PREMIUM MINIMUM PREMIUM \$60		

Maximum Amount of Insurance (Insured Financed Amount Plus Insured Residual Value): \$500,000 (ages 18-69) Maximum Insurance Term: 180 months

### PART 4 – CRITICAL ILLNESS (CI) COVERAGE

<input type="checkbox"/> Debtor Only	<input type="checkbox"/> Co-Debtor Only	<input type="checkbox"/> Both	<input type="checkbox"/> Insurance declined	DEBTOR INITIALS	CO-DEBTOR INITIALS
Monthly Decreasing Term Critical Illness Insurance	INSURED FINANCED AMOUNT (EXCLUDING INTEREST)	INSURANCE TERM IN MONTHS MAXIMUM – UP TO 180 MONTHS	CI PREMIUM MINIMUM PREMIUM \$60		
Residual Value Critical Illness (CI) Insurance	INSURED RESIDUAL VALUE	INSURANCE TERM IN MONTHS MAXIMUM – UP TO 180 MONTHS	CI RESIDUAL PREMIUM MINIMUM PREMIUM \$60		

Maximum Amount of Insurance (Insured Financed Amount Plus Insured Residual Value): \$500,000 (ages 18-69) Maximum Insurance Term: 180 months

### PART 5 – DISABILITY INSURANCE COVERAGE

<input type="checkbox"/> Debtor Only	<input type="checkbox"/> Co-Debtor Only	<input type="checkbox"/> Both	<input type="checkbox"/> Insurance declined	DEBTOR INITIALS	CO-DEBTOR INITIALS
WAITING PERIOD DAYS	TYPE OF WAITING PERIOD	ELIMINATION (The Insurance Retroactive (The Insurance	does not cover the Waiting Period.) does cover the Waiting Period.)		
Monthly Disability Insurance	INSURED MONTHLY PAYMENT MAXIMUM – UP TO MONTHLY PAYMENT AMOUNT	INSURANCE TERM IN MONTHS MAXIMUM – UP TO 84 MONTHS	DISABILITY PREMIUM MINIMUM PREMIUM \$60		

Maximum Amount of Insurance: \$5,000/Month (ages 18-65) Aggregate Maximum: \$300,000 Maximum Insurance Term: 84 months

**STATEMENT BY DEBTOR AND CO-DEBTOR:** I understand that if a) the sum of my Insured Financed Amount plus Insured Residual Value for Life or CI exceeds \$150,000 (ages 18-59) or \$100,000 (ages 60-69), OR b) my Insured Monthly Payment exceeds \$2500 (ages 18-59) or \$1000 (ages 60-65), I must complete a Supplemental Health Questionnaire (SHQ). Further if I answer YES to any of the Health Questions or if the sum of my Insured Financed Amount plus Insured Residual Value for Life or CI exceeds \$250,000, this application will be underwritten by Industrial Alliance Pacific Life Insurance Company (IAP) and requires written approval by IAP for the insurance to be in effect. IAP may request a medical examination or tests at no expense to me.

I understand that once approved, this Application and/or Certificate (collectively my "Contract") forms part of my Certificate and insurance will commence on the Effective Date of the Insurance as described on the reverse. Applications that are subject to SHQ may be declined by IAP via written notification by regular mail to the address shown on this Application. Any premiums paid will be refunded to the Financial Institution.

#### ELIGIBILITY REQUIREMENTS, LIMITATIONS AND EXCLUSIONS

Please read the following and sign below. It is important that you determine whether you are eligible to purchase this insurance.

You are eligible:

- If you are in Good Health, both physically and mentally.
- If you have selected Life or Critical Illness Insurance, you confirm that you are over 18 but not yet 70 years of age.
- If you have selected Disability Insurance, you confirm that you are:
  - over 18 but not yet 66 years of age;
  - able to perform the usual duties of your occupation; AND
  - gainfully employed, and have been working at least 23 hours per week for the past month, or Seasonally, for at least 13 consecutive weeks during the past year.

I confirm that I have read the above and understand that no coverage will be available in part or at all if I do not meet the applicable Eligibility Requirements.

I understand that Accidental Dismemberment, Critical Illness, Total Disability or death arising from, or caused or contributed to by PRE-EXISTING CONDITIONS, as described on Page 2, will not be covered.

I understand that the Insurance payable under this Certificate is subject to the Eligibility Requirements, Limitations and Exclusions, general terms, conditions, Definitions, Exclusions and Special Limitations as described herein.

I HAVE BEEN ADVISED TO READ THIS CONTRACT IN FULL INCLUDING PAGE 2 AND UNDERSTAND THAT COVERAGE IS VOLUNTARY. I HAVE READ THE "PRIVACY NOTICE" AND "STATEMENT BY THE DEBTOR AND CO-DEBTOR" AND CONSENT TO USE AND DISCLOSURE OF MY PERSONAL INFORMATION. I am aware that no party is authorized to waive or modify the terms of this Contract and the Creditor is not an agent of IAP.

X  
DEBTOR  
FORM 7157 LASER (JULY/2005)

X  
CO-DEBTOR  
DATE (DD/MMM/YYYY)  
DATE (DD/MMM/YYYY)  
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"We", "us" or "our" means Industrial-Alliance Pacific Life Insurance Company ("IAP"). "You" or "your" means the Insured or Applicant. Words used in this Contract that have an initial capital letter have the defined meaning or value as set out below or on the face of this Contract. All of the terms governing coverage are set out in this Certificate. In consideration of our receipt of the applicable Total Cost (and if applicable, upon our approval), we insure you for only the Insurance detailed in your Certificate. If there is no Premium indicated or the Premium is zero, then you are not insured for that type of Insurance. Your coverage will begin on the Effective Date of Insurance as defined below. Any amounts payable under this Certificate will be paid to the Creditor, or Financial Institution if named, to reduce your financial obligation under the Financed Amount. Your Certificate is not assignable.

#### SECTION 1 – DEFINITIONS

- "Accidental Dismemberment" means the complete loss of both hands, both feet or the entire sight of both eyes or any combination of two. Loss is considered to be severance at or above the wrist or ankle joint, or the irrevocable loss of eyesight.
- "Applicant" means the Debtor and/or Co-Debtor named on this Application, that
  - is debtor(s) under the Financed Amount, and
  - satisfy the Eligibility Requirements, and
  - are subject to the Supplemental Health Questionnaire (SHQ), and
  - have paid the applicable premium for the coverage selected on the Application.Upon approval of coverage, the Applicant becomes the Insured. The Applicant must be a natural person, not a partnership, company or association.
- "Certificate of Insurance" or "Certificate" means this Application, the SHQ (if applicable) plus any additional documents regarding your coverage issued to you by IAP.
- "Critical Illness" means Diagnosis of any of the following covered conditions which occur directly as a result of illness, and first occur after the Effective Date of Insurance.
  - Life-Threatening Cancer: The Diagnosis of a malignant tumor characterized by uncontrolled growth and spread of malignant cells and the invasion of tissues, but not including:
    - Pre-malignant lesions, benign tumors or benign polyps;
    - Any skin cancer other than malignant melanoma invading into the dermis or deeper;
    - Chronic lymphocytic leukemia;
    - Kaposi's sarcoma;
    - Non-invasive cancer in situ;
    - Stage A prostate cancer;
    - Stage A colon cancer;
    - Stage 1 Hodgkin's disease;
    - Intraductal non-invasive carcinoma of the breast;
    - Stage 0 or 1 transitional cell carcinoma of the urinary bladder.
  - Heart Attack: The death of a portion of the heart muscle (myocardium) resulting from a blockage of one or more coronary arteries to the relevant area. Diagnosis must be based on all of:
    - New electrocardiographic (ECG) changes; and
    - Elevation of cardiac (heart) enzymes; and
    - An episode of typical chest pain.
  - Coronary Artery By-Pass Surgery: The undergoing of heart surgery on the advice of a certified cardiologist who holds an appointment as such in a major Canadian Hospital, to correct narrowing or blockage of one or more coronary arteries with bypass grafts, but excluding non-surgical procedures such as balloon angioplasty, laser relief and/or other intra-arterial procedures.
  - Stroke: The Diagnosis of a cerebrovascular incident caused by infarction of brain tissue, hemorrhage, or embolism from an extra-cranial source excluding a Transient Ischemic Attack (TIA). In addition, a Specialist must provide evidence that you suffer from a permanent, measurable neurological deficit which has persisted for at least 30 days.
  - Major Organ Transplant: The Diagnosis of irreversible failure of one or more of the liver, kidneys, lungs, entire heart, or bone marrow (including bone marrow transplants where the patient's own bone marrow is extracted, treated, and later re-infused into the patient). Transplantation must be medically necessary, resulting in the Insured being operated on or accepted into a recognized transplant program. Transplantation means the replacement of the recipient's malfunctioning organ(s) or tissue, with organ(s) or tissue from a suitable donor under generally accepted medical procedures.
  - Paralysis: The complete and permanent loss of use of two or more of your limbs as a result of paralysis for a continuous period of 90 days or more.
- "Diagnosis" means diagnosis by a Specialist.
- "Effective Date of Insurance" means
  - the Requested Effective Date, if you are not subject to the Supplemental Health Questionnaire; or
  - the Requested Effective Date, if you are subject to the Supplemental Health Questionnaire and you answered "no" to all of the Health Questions and your Insured Financed Amount plus Insured Residual Value for Life or CI are less than \$250,000; or
  - if a) and b) don't apply, the date we notify you in writing that your coverage has been approved. Your Application will be null and void if all underwriting requirements are not satisfied within 90 days of signing this Application. During this period, you may be eligible for Temporary Insurance as described below.
- "Financed Amount" means the debt described on Page 1 of this Contract, payable in whole or part by installments, resting on your debt to the Creditor or Financial Institution, if one is named.
- "Good Health" means: (i) in the case of Life Insurance and/or Critical Illness Insurance, the absence of any physical or mental condition that is likely to materially affect Your life expectancy; and/or (ii) in the case of Disability Insurance, the absence of any physical or mental condition that is likely to materially affect Your future ability to work.
- "Injury" means bodily injury caused by an accident which occurs after the Effective Date of Insurance. The Injury must result from the accident, directly and independently of any other causes and must solely cause the death, Accidental Dismemberment or Total Disability.
- "Insurance" means the Life Insurance, Critical Illness Insurance and/or Disability Insurance coverage selected on this Contract.
- "Insured" means the Debtor and Co-Debtor named on this Contract, who are debtor(s) under the Financed Amount, and, if applicable, have received IAP's written approval of coverage. The Insured must be a natural person, not a partnership, company or association.
- "Insured Loan" means the debt described on Page 1 of this Contract by the Insured Financed Amount over the Insurance Term in Months at the Interest Rate. If a) the Financed Amount is greater than the Insured Financed Amount or b) your Amortization Term is greater than your Insurance Term, the Insurance benefit may not pay the full outstanding balance of your financial obligation.
- "Pre-existing Condition" means illness, disease, mental, nervous or psychiatric condition or disorder for which any of (i) medical advice (ii) treatment (iii) service (iv) prescribed medication (v) diagnosis or (vi) consultation, including consultation to investigate, follow-up and/or diagnose (where diagnosis has not yet been made) was received by you or would have been received by a prudent individual within both (a) the 6 months immediately preceding the Effective Date of Insurance and (b) the 6 months immediately following the Effective Date of Insurance.
- "Rule of 78" as used with reference to a surrender value, is an industry-standard mathematical formula applied to calculate unearned premium. It is defined as:  $((A-B) \times (A+B-1)) / (A \times (A+1))$ , where "A" is equal to the Insurance Term in Months and "B" is equal to the Months of the Insurance Used.
- "Seasonally" or "Seasonal", as used with reference to work, means work that is limited in frequency by weather or other natural conditions and does not include occupations limited by availability of work.
- "Sickness" means illness, disease or psychiatric disorder which first becomes manifest after the Effective Date of Insurance.
- "Specialist" means a medical doctor who is: certified in a medical or surgical specialty; in good standing; licensed; and practicing in Canada; not the Insured or related to the Insured.
- "Totally Disabled" or "Total Disability" means your inability, to perform all the duties of your occupation. After you have been Totally Disabled for 12 continuous months (plus any Elimination Waiting Period), Total Disability means your inability, to perform all duties of any occupation for which you are or can become reasonably qualified by virtue of your education, training, or experience. You are not Totally Disabled if you are working full or part time or if you have retired. Lack of work does not constitute Total Disability or entitle you to Insured Monthly Payments.

#### SECTION 2 – TEMPORAR Y INSURANCE AGREEMENT DURING THE UNDER WRITING PROCESS

If your Application is subject to underwriting by IAP, we will cover you during this period, subject to the terms and conditions herein including the Eligibility Requirements. Temporary Insurance will terminate on the earliest of the following dates:

- the 90th day following the date you sign this Application
  - the date we approve or decline your Application.
- The maximum amount of Temporary Life or Temporary Critical Illness Insurance provided will be \$150,000 (ages 18-59) and \$100,000 (ages 60-69). The maximum amount of Temporary Disability Insurance will be \$2,500 (ages 18-59) or \$1,000 (ages 60-65). The maximum amount of Temporary Insurance is governed by the age of the eldest Applicant.

#### SECTION 3 – LIFE INSURANCE

In the event of your death due to Sickness or Injury, we will pay: (1) the outstanding balance of your Insured Loan at the date of death, plus (2) the present value of the Insured Residual Value if you have selected this coverage. In any event, we will not pay more than the remaining principal owing at the date of death.

ACCIDENTAL DISMEMBERMENT: We will pay the Life Insurance as described above in the event Injury causes Accidental Dismemberment.

#### SECTION 4 – CRITICAL ILLNESS INSURANCE

In the event that you are Diagnosed with a Critical Illness, we will pay: (1) the outstanding balance of your Insured Loan on the date the Critical Illness was Diagnosed, plus (2) the present value of the

Insured Residual Value if you have selected this coverage. In any event, we will not pay more than the remaining principal owing at the date of Diagnosis. In addition to the Exclusions listed in this Certificate, no Critical Illness benefit will be paid if:

- the Insured does not survive 30 days following the Diagnosis of the Critical Illness;
  - Cancer is Diagnosed or any investigation leading to the Diagnosis of cancer was initiated within 90 days following the Effective Date of Insurance;
  - one of the other Critical Illnesses exists before the Effective Date of Insurance.
- Only one Critical Illness benefit is payable under any certificate issued by IAP.

#### SECTION 5 – DISABILITY INSURANCE – ACCIDENT AND SICKNESS

In the event you are Totally Disabled due to Injury or Sickness for a consecutive number of days longer than the Waiting Period, we will pay your Insured Monthly Payment for the period of Total Disability, monthly in arrears, subject to the Waiting Period. If you selected a Retroactive Waiting Period, payment will be calculated from the first day of Total Disability. If you selected an Elimination Waiting Period, payment will be calculated from the day following the Waiting Period. Insured Monthly Payments will stop when you are no longer Totally Disabled, or upon Termination of Insurance as described below, whichever occurs first. The amount paid for periods of Total Disability which are less than one month will be calculated at a daily rate of 1/30th of the Insured Monthly Payment. After the Waiting Period, successive periods of Total Disability, caused by the same Sickness or Injury, separated by less than one month of continuous employment are considered a continuation of a period of Total Disability and not subject to a new Waiting Period.

#### SECTION 6 – LIMITATIONS AND EXCLUSIONS

No insurance will be paid under your Certificate in the event that your claim is caused or contributed to by:

- a Pre-existing Condition, or as a direct or indirect result of treatment for a Pre-existing Condition; or
- intentionally self-inflicted injury while sane or insane; or
- war or any act of war whether declared or undeclared; or
- suicide; or
- direct or indirect participation in a criminal act, or any attempt to commit a criminal offence, including but not limited to, operating a motor vehicle, vessel or aircraft while the concentration of alcohol in 100 millilitres of the Insured's blood exceeds 80 milligrams; or
- chronic or excessive use of alcohol; or
- drug or substance use apart from controlled drugs used as legally prescribed by and on the advice of a physician; or
- pregnancy, childbirth, or termination of pregnancy; or
- cosmetic or elective surgery.

#### SECTION 7 – SPECIAL LIMITATIONS

In addition to the Limitations and Exclusions above, the following Special Limitations apply:

- If the Debtor and Co-Debtor die simultaneously and they were both insured, the Life Insurance benefit will be paid for the Debtor only.
- The Life and Critical Illness Insurance benefits payable under your Certificate and any other group insurance certificates issued by us to you will not exceed the Maximum Amounts of Insurance stated on this Contract. In this event, the liability under your Certificate will be adjusted on a pro-rata basis with the other group insurance certificates.
- No more than one Insured Monthly Payment per month will be made for any benefit(s) claimed under Section 5.
- The combined Accident & Sickness Disability Insurance monthly payment payable under your Certificate and any other group insurance certificates issued by us to you will not exceed the Maximum Insured Monthly Payment stated on this Contract. In this event, the liability under your Certificate will be adjusted on a pro-rata basis with the other group insurance certificates.
- If your Total Disability is caused or contributed to by:
  - mental, nervous or psychiatric condition or disorder, after a benefit period of three months, payments will only be made if you are regularly attending a licensed psychiatrist, a licensed psychologist or a licensed neurologist;
  - disease or disorder of the neck or back including but not limited to lumbar, thoracic or cervical spine, after a benefit period of two months, payments will only be made if you are under the care of a licensed Specialist such as a neurologist, a neurosurgeon, a physiatrist, an orthopaedic surgeon or a rheumatologist.

#### SECTION 8 – CONDITIONS OF PAYMENT

- Claim forms must be completed and submitted to Head Office within 90 days of the date of death, Diagnosis of Critical Illness, Accidental Dismemberment or Total Disability for which a claim is made, and thereafter as required by us. If it is not reasonably possible to complete and submit claim forms within 90 days, they must be furnished as soon as reasonably possible and in no event later than one year from the time claim forms are otherwise required. In the event disability claim forms are received after 90 days from the onset of Total Disability, benefits will only be retroactively considered for the 90 days prior to the receipt of the claim forms. The expense of providing the proofs of claim is the responsibility of the Insured.
- In adjudicating any claim, we shall be entitled to receive satisfactory proof of: date of birth, date of death, Critical Illness, Accidental Dismemberment, Total Disability and of the circumstances causing or contributing to it and a detailed description of any treatment both before and after the Effective Date of Insurance. Proof from the Financial Institution that the Insured Amount has not been paid out, re-written, or revised.
- You must be under the continuing medical supervision and treatment of a physician (M.D.) considered appropriate by us while Totally Disabled.
- We will have the right to have you medically examined by a licensed physician of our choice as often as is reasonably required during the period for which Insurance is claimed. If you fail to submit to such an examination within a reasonable period, we will be entitled to terminate payment of your Insurance.
- You are responsible to make any Monthly Payments that fall due while the claim is being adjudicated, subject to our reimbursement through the Financial Institution for the period of time for which we are responsible to make the Insured Monthly Payment. We will not pay any overdue payments or additional interest charges.
- We will not pay any overdue payments or additional interest charges under the Financed Amount at the date of death or the date of Critical Illness Diagnosis.
- In the event you were not eligible to purchase the Insurance, our only obligation is to refund any premium which has been paid. This refund will be forwarded to the Financial Institution.

#### SECTION 9 – TERMINATION OF INSURANCE

- Insurance under this Certificate will terminate for all Insured(s), when any of the following events occur:
  - upon the discharge of the debt in respect of the Financed Amount; or
  - upon the Expiry Date of Insurance; or
  - the terms of payment, or the amount payable, under the Financed Amount have been increased or extended (subject to paragraph 2 of this section); or
  - the Creditor or the Financial Institution has demanded payment of the full amount due under the Financed Amount because of default; or
  - the property which is the subject of the Financed Amount has been repossessed or become the subject of a court action; or
  - upon our receipt of written notice to cancel the insurance coverage signed by both the Debtor and the Co-Debtor; or
  - upon payment of a surrender value, if any is owing, under paragraph 3 of this section; or
  - upon the date of death of either Insured; or
  - upon the 73rd birthday of the eldest Insured; or
  - for Disability Insurance, the date of retirement from regular or Seasonal employment; or
  - upon our payment of the Life Insurance, Critical Illness Insurance, or Accidental Dismemberment benefit.
- Upon your written request, we may continue to offer coverage, at our option, under your Certificate upon refinancing of the Financed Amount. In the event we offer such coverage, the Effective Date of Insurance, Expiry Date of Insurance, Insurance amounts and all other terms and conditions will remain the same.
- If the Insurance under your Certificate is terminated before the Expiry Date of Insurance, you must apply in writing to be paid a surrender value. The surrender value will NOT be calculated pro-rata but will be calculated by the following formula:  $(\text{Premium} \times \text{Rule of 78} \times .8)$ , less a maximum administration fee of \$50 per coverage and less any claims paid. We will require the request for surrender value to be submitted within 180 days following Termination of Insurance.

If the debt in respect of the Financed Amount is still outstanding at the date of cancellation the surrender value will be made payable jointly to you and the Financial Institution. If the termination was as a result of the circumstances described in paragraph 1. (d) or (e) of this section the surrender value will be made payable to the Financial Institution only. No surrender value will be payable if we pay the Life or Critical Illness Insurance or for amounts of less than five dollars.

#### INDUSTRIAL-ALLIANCE PACIFIC LIFE INSURANCE COMPANY

Head Office, P.O. Box 5900, Vancouver, B.C., V6B 5H6  
1 800 665-4458 (Tel)  
1 (604) 734-4978 (Fax)

#### MONEY BACK GUARANTEE

You have ten days after the Effective Date of Insurance to decide if the coverage meets your needs. If it does not, return it to IAP's Head Office or to the Creditor from whom you bought it. We will cancel your coverage from the Effective Date of Insurance and will refund any premium paid jointly to you and/or to the Financial Institution named in this Contract.

I understand that the Insurance payable under this Certificate is subject to the eligibility requirements, general terms, conditions, Definitions and Exclusions described in this Certificate and that PRE-EXISTING HEALTH CONDITIONS WILL NOT BE COVERED. IMPORTANT – I acknowledge that I have received and read a description of the coverages that appear on this Certificate and hereby accept these provisions. I acknowledge that where there is no Premium indicated, I am not insured for that type of coverage.

X

DEBTOR

FORM 7157 LASER (JULY/2005)

DATE (DD/MMM/YYYY)

X

CO-DEBTOR

CERTIFICATE NO.

DATE (DD/MMM/YYYY)

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