

INFORMATION ABOUT YOU			
Applicant 1		Applicant 2	
Name		Name	
Date of Birth (mm/dd/yyyy)		Date of Birth (mm/dd/yyyy)	
Phone (Home)	Phone (other)	Phone (Home)	Phone (other)
Current Address (number, street)		City	Province Postal Code
INFORMATION ABOUT YOUR MORTGAGE			
Servicing Branch Number		Branch Phone Number	
Mortgage / Reference Number	Mortgage Amount \$	Mortgage Payment \$	Mortgage Protection Premium* \$

* This is the estimated premium based on your requested mortgage amount and the insurance coverage for which you are applying. Your actual premium will be based on your final mortgage amount. If your application is approved a Certificate of Insurance will be sent to you. You are temporarily insured for accidental death only once your application has been submitted for approval and you have signed your loan agreement. See the Certificate of Insurance for important limitations and exclusions.

TYPE OF OPTIONAL INSURANCE COVERAGE	Applicant 1		Applicant 2	
Life (Maximum Coverage Amount of \$1,000,000 for all Mortgages combined)	Yes	No	Yes	No
Critical Illness (Maximum Coverage Amount of \$500,000 for all Mortgages combined)	Yes	No	Yes	No
Disability Insurance (Maximum Benefit Amount of \$3,500 per month for up to 24 months)	Yes	No	Yes	No
HEALTH QUESTIONS If you answer ‘Yes” to any of the Health Questions in this section, the applicable Insurer will contact you to review your health information. You are not required to complete this section if you are waiving ALL Insurance Coverage				
For all types of Insurance Coverage, you must answer the following question:				
1. Within the past twenty-four months have you been diagnosed with or had any known indication of, or taken medication, or had an abnormal test result, received treatment, counseling, required follow-up or seen a physician or other health care professional for: <ul style="list-style-type: none">Medical problems related to your heart or circulatory system, high blood pressure, high cholesterol levels, stroke, cancer, tumour, leukemia, lupus, asthma, any lung or respiratory disorder, ORDiabetes, hepatitis, liver or kidney disease, medical problems related to your stomach, bowel, rectum, bladder or prostate, disorder of the uterus or ovaries, paralysis, rheumatoid arthritis, multiple sclerosis, epilepsy or any disorder of the nervous system, ORAIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex) or HIV (Human Immunodeficiency Virus), alcohol or substance abuse, anxiety, depression or other mental, nervous or psychiatric disorder?		Yes <input type="checkbox"/> No		Yes <input type="checkbox"/> No
For Critical Illness, you must answer this additional question:				
2. Have you, or have at least 2 of your immediate biological family members (mother, father, brothers or sisters) ever had cancer, a tumor, stroke, heart attack, heart disease or diabetes before the age of 60?		Yes <input type="checkbox"/> No		Yes <input type="checkbox"/> No
For Disability Insurance, you must answer this additional question:				
3. Within the past twenty-four months have you ever had disorders, sprains, strains or other problems of the muscles, bones, ligaments, tendons, back, neck, shoulders, hips, elbows or any other joints, or had arthritis, chronic fatigue syndrome or fibromyalgia?		Yes <input type="checkbox"/> No		Yes <input type="checkbox"/> No

Please read the following section carefully before signing this Application Form.

You acknowledge and declare that:

- You are applying for Scotia Mortgage Protection insurance and have received and read the Scotia Mortgage Protection Booklet (Product Summary and Fact Sheet for Quebec applicants). You understand and agree to the terms and conditions of this **optional** insurance coverage including those terms that may limit or exclude coverage such as any Pre-Existing Condition(s).
- You are a Borrower, Co-borrower or Guarantor of a mortgage account in good standing, a Canadian resident, at least 18 and under 65 years of age; and If you are applying for Disability Insurance, you are actively working at least 20 hours per week (Seasonal workers must have proven work history).
- All of the information you have provided in this Application Form and any other information provided in applying for any insurance coverage is true and complete. Any false statement, material misrepresentation or deliberate omission in this Application Form or in any other statement or answer provided may cause any insurance coverage issued to be null and void.
- You can cancel coverage at any time and if you cancel within 30 days of date of coverage, any premiums paid will be refunded to you.
- You authorize the applicable Insurer to use and exchange relevant information about you with Scotiabank for the purpose of underwriting, administering and adjudicating claims under the Group Policy issued by the applicable Insurer.
- You authorize Scotiabank to collect your insurance premium and any applicable sales tax and forward it to the applicable Insurer.
- You authorize Scotiabank and the applicable Insurer to use and exchange relevant information about you for the purpose of underwriting, administering and adjudicating claims under the Group Policy issued by the applicable Insurer.
- You have received and agree to the terms and conditions contained in the Scotiabank Privacy Agreement.
- You have requested that this Application and associated documents be in English. Vous avez demandé que le présent formulaire, ainsi que tous les documents qui s’y rattachent soient rédigés en anglais.
- Scotiabank receives an administration fee from the Insurer to distribute Scotia Mortgage Protection.

By indicating ‘No’ to any or all Types of Insurance Coverages above, you acknowledge you have been given the opportunity to apply for coverage and, after careful consideration, are DECLINING to apply for coverage.

Applicant 1 Signature	Applicant 2 Signature
Date (mm/dd/yyyy)	Date (mm/dd/yyyy)

Life, Critical Illness and Disability Insurance are underwritten by The Canada Life Assurance Company under Group Policy #60350 issued to The Bank of Nova Scotia.

Scotia Mortgage Protection Pre-Authorized Debit (PAD) Agreement

Account Holder Information		
Name		
Phone (Home)		
Current Address (Number, Street)		
City	Province	Postal Code

Bank Account Information
By signing below, you are authorizing us to debit your designated bank account for your Mortgage Protection premium as per the regular recurring payments (collected with your mortgage payment from the same bank account and frequency) identified in your Schedule of Coverage and continuing until the premium payable is terminated or cancelled.

You agree that for the purposes of this PAD Agreement all pre-authorized debits from the Bank Account will be treated as Personal.

The premium debit amount will be as shown on the Schedule of Coverage letter that you will receive from ScotiaLife Financial. You hereby waive the right to receive 10 days' notice of an increase or decrease in the amount of the automatic withdrawal or a change in the date of the withdrawal.

You are responsible for letting us know if there are any changes to the account information for this pre-authorized debit. Changes must be submitted to us in writing. You will provide us with another authorization if this is required.

You may revoke your authorization at any time by giving us written notice at least 10 business days before the next scheduled debit. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, you may visit <https://www.payments.ca/>, or contact us at:

ScotiaLife Financial
Insurance Canada Processing Centre
P.O. Box 1045
Stratford, Ontario
N5A 6W4
1-855-753-4272

Termination of this authorization will result in cancellation of insurance coverage.

You warrant that all persons whose signatures are required to sign on the Bank Account have signed this agreement. You have certain recourse rights if any debit does not comply with this PAD Agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit <https://www.payments.ca/>.

Signature of Account Holder	Signature of Joint Account Holder (If Applicable)
Name (Please Print)	Name (Please Print)
Date (mm/dd/yyyy)	Date (mm/dd/yyyy)