# Worksheet

## Family Assignment

**Timeline of completion: Must be 4 weeks prior to Occupancy or Post Occupancy**

**Suite:** 3407 **Tower:** PSV2 **Date:** Jan. 2nd **Completed by:** Mani

**Please mark if completed:**

- ✓ Assignment Agreement Signed by both Assignor and Assignee
- ✓ Certified Deposit Cheque for Top up Deposit to 20% Not Required ~~[illegible]~~
- ✓ Certified Deposit Cheque for Family Assignment administration fee of $500 +HST payable to <u>Amacon City Centre Seven New Development Partnership</u>. Courier to Dragana at Amacon Head office (Toronto). collected on FSOA $500 + HST
- ✓ Agreement must be in good standing. Funds in Trust: $ 38,978.86.
- ✓ Assignors Solicitors Information
- ✓ Assignees Solicitors Information
- ✓ Verify if PDI has been completed. If not, Please identify who will be performing the PDI. If the Assignee is performing the PDI a Designate form must be signed by the Assignor to appoint the assignee to complete the PDI. This form must be submitted to customercareto@amacon.com
- ✓ Include Fintrac for Assignee
- ✓ Copy of Assignees ID
- ✓ Copy of Assignees Mortgage Approval

The Assignee can close at occupancy closing as long as all of the Above items have been completed and submitted

***<u>Note:</u>***

***Once all of the above is completed, email the full package immediately to Stephanie for execution of the Assignment agreement. Stephanie will execute and the Amacon admin team will forward immediately to Blaney via email. The Parkside Admin team must courier the full hardcopy package to Blaney McMurtry's office. Please remember that the Assignment fee cheque should be couriered to Amacon.***

Administration Notes:

# ASSIGNMENT OF AGREEMENT OF PURCHASE AND SALE

**THIS ASSIGNMENT** made this 2nd day of January 2018.

**A M O N G:**

**KHAWLA A ALQAISI and MOH'D YOUSEF I ABDELRAHMAN**

(hereinafter called the "**Assignor**")

OF THE FIRST PART;

- and -

**MOH'D YOUSEF I ABDELRAHMAN**

(hereinafter called the "**Assignee**")

OF THE SECOND PART;

- and -

**AMACON DEVELOPMENTS (CITY CENTRE) CORP.**

(hereinafter called the "**Vendor**")

OF THE THIRD PART.

**WHEREAS:**

(A) By Agreement of Purchase and Sale dated the 29th day of March 2015 and accepted the 2nd day of April 2015 between the Assignor as Purchaser and the Vendor as may have been amended (the "**Agreement**"), the Vendor agreed to sell and the Assignor agreed to purchase Unit 7, Level 33, Suite 3407, together with 1 Parking Unit(s) and 1 Storage Unit(s) in the proposed condominium known municipally as 510 Curran St, Mississauga, Ontario (the "**Property**");

(B) The Assignor has agreed to assign the Agreement and all deposits tendered by the Purchaser thereunder as well as any monies paid for extras or upgrades, monies paid as credits to the Vendor (or its solicitors) in connection with the purchase of the Property to the Assignee and any interest applicable thereto (the "**Existing Deposits**"), and the Assignee has agreed to assume all of the obligations of the Assignor under the Agreement and to complete the transaction contemplated by the Agreement in accordance with the terms thereof; and

(C) The Vendor has agreed to consent to the assignment of the Agreement by the Assignor to the Assignee.

**NOW THEREFORE THIS AGREEMENT WITNESSETH THAT** in consideration of the sum of Ten Dollars ($10.00) now paid by the Assignee to the Assignor and for such other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereby agree as follows:

1. Subject to paragraph 7 herein, the Assignor hereby grants and assigns unto the Assignee, all of the Assignor's right, title and interest in, under and to the Agreement including, without limitation, all of the Assignor's rights to the Existing Deposits under the Agreement;

2. The Assignor acknowledges that any amounts paid by the Assignor for Existing Deposits will not be returned to the Assignor in the event of any default or termination of the Agreement and the Assignor expressly acknowledges, agrees and directs that such amounts shall be held by the Vendor as a credit toward the Purchase Price of the Unit.

3. Subject to paragraph 4 below, the Assignee covenants and agrees with the Assignor and the Vendor that he/she will observe and perform all of the covenants and obligations of the Purchaser under the Agreement and assume all of the obligations and responsibilities of the Assignor pursuant to the Agreement to the same extent as if he/she had originally signed the Agreement as named Purchaser thereunder.

4. **The Assignee shall be required to pay the full amount of the applicable HST to the Vendor on final closing notwithstanding that the Assignee may qualify for HST Rebate (or equivalent). The HST applicable shall be calculated based on the original purchase price and the consideration for the Transfer/Deed to the Assignee shall reflect the original purchase price as set out in the Agreement. The Assignor and/or Assignee are personally directly responsible for collection and remittance of any HST applicable to any increase in or additional consideration negotiated as between Assignor and Assignee for the purchase of the Property. The Assignor and Assignee expressly acknowledge that the HST Rebate credit contemplated by the Agreement will not be available to the assigning parties and the Assignee will be obliged to seek any HST Rebate available directly on his or her own after final closing. The Vendor shall have no obligation whatsoever either before or after closing to assist or cooperate with the Assignor or Assignee in the collection or remittance of HST on the assignment transaction as between Assignor and Assignee or with any application for HST Rebate or equivalent.**

5. Subject to the terms of the Assignment Amendment, the Assignee covenants and agrees with the Assignor and the Vendor not to list or advertise for sale or lease and/or sell or lease the Unit and is strictly prohibited from further assigning the

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Assignee's interest under the Agreement or this Assignment to any subsequent party without the prior written consent of the Vendor, which consent may be arbitrarily withheld.

6. In the event that the Agreement is not completed by the Vendor for any reason whatsoever, or if the Vendor is required pursuant to the terms of the Agreement to refund all or any part of the Existing Deposits or the deposit contemplated by section 2 above, the same shall be paid to the Assignee, and the Assignor shall have no claim whatsoever against the Vendor with respect to same.

7. The Assignor hereby represents to the Assignee and the Vendor that he/she has full right, power and authority to assign the Agreement to the Assignee.

8. The Assignor covenants and agrees with the Vendor that notwithstanding the within assignment, he/she will remain liable for the performance of all of the obligations of the Purchaser under the Agreement, jointly and severally with the Assignee. For greater clarity, the Assignor may be required to complete the Occupancy Closing with the Vendor.

9. The Vendor hereby consents to the assignment of the Agreement by the Assignor to the Assignee. This consent shall apply to the within assignment only, is personal to the Assignor, and the consent of the Vendor shall be required for any other or subsequent assignment in accordance with the provisions of this Agreement.

10. The Assignee hereby covenants, acknowledges and confirms that he/she has received a fully executed copy of the Agreement and the Disclosure Statement with all accompanying documentation and material, including any amendments thereto.

11. The Assignor shall pay by certified cheque drawn on solicitor's trust account to Aird & Berlis LLP upon execution of this Assignment Agreement, Vendor's solicitor's fees in the amount of Five Hundred Dollars ($500.00) plus HST.

12. The Assignor and Assignee agree to provide and/or execute such further and other documentation as may be required by the Vendor in connection with this assignment, including, but not limited to, satisfaction of Vendor's requirements to evidence the Assignee's financial ability to complete the transaction contemplated by the Agreement, Assignee's full contact information and Assignee's solicitor's contact information.

13. Details of the identity of the Assignee and the solicitors for the Assignee are set forth in Schedule "A" and in the Vendor's form of Information sheet. Notice to the Assignee or to the Assignee's solicitor, shall be deemed to also be notice to the Assignor and the Assignor's solicitors.

14. Any capitalized terms hereunder shall have the same meaning attributed to them in the Agreement, unless they are defined in this Assignment Agreement.

15. This Assignment shall enure to the benefit of and be binding upon the parties hereto and their respective heirs, administrators, executors, estate trustees, successors and permitted assigns, as the case may be. If more than one Assignee is named in this Assignment Agreement, the obligations of the Assignee shall be joint and several.

16. This Assignment Agreement shall be governed by and construed in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein.

**IN WITNESS WHEREOF** the parties have executed this Assignment Agreement.

**DATED** this 2nd day of Jan 2018 .

| | |
|---|---|
| Witness | Khawla A Alqaisi (Assignor) |
| Witness | Moh'd Yousef I Abdelrahman (Assignor) |
| Witness | Moh'd Yousef I Abdelrahman (Assignee) |
| Witness | (Assignee) |

**AMACON DEVELOPMENT (CITY CENTRE) CORP.**

Per:
Name:
Title: **Authorized Signing Officer**

I have authority to bind the Corporation

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**Schedule "A'**

**Details of Assignee**

ASSIGNEE

NAME: Moh'd Yousef I Abdelrahman

DATE OF BIRTH 1965/11/10.
YYYYMMDD SIN #

ADDRESS: 3407-510 Curran Pl. Miss. ON
L5B 0J8.

PHONE: Tel:
Cell: 647-523-9912.
Facsimile:

E-mail: myousifjo@gmail.com

ASSIGNEE

NAME:

DATE OF BIRTH
YYYYMMDD SIN #

ADDRESS:

PHONE: Tel:
Cell:
Facsimile:

E-mail:

ASSIGNEE'S SOLICITOR:

NAME: Yadvinder Toor Toor Law Office.

ADDRESS: 202-56 Westmore Dr. Toronto, ON M9V 3Z7.

PHONE: Bus: 416-748-7775.
Facsimile: 416-748-5553.

E-mail: info@toorlaw.com

31202746.1

Assignor's Solicitor: Yadvinder Toor - Toor Law Office.
202-56 Westmore Dr. Toronto, ON. M9V 3Z7
Ph: 416-748-7775
email: info@toorlaw.com

# Individual Identification Information Record

NOTE: An Individual Identification Information Record is required by the *Proceeds of Crime (Money Laundering) and Terrorist Financing Act*. This Record must be completed by the REALTOR® member whenever they act in respect to the purchase or sale of real estate.
It is recommended that the Individual Identification Information Record be completed:

(i) for a buyer when the offer is submitted and/or a deposit made, and
(ii) for a seller when the seller accepts the offer.

**Transaction Property Address:** 340 - 510 Curran Pl

**Sales Representative/Broker Name:** Jonathan Realty
**Date Information Verified/Credit File Consulted:** Jan. 3rd 2017

## A. Verification of Individual

NOTE: One of Section A.1, A.2, or A.3 must be completed for your individual clients or unrepresented individuals that are not clients, but are parties to the transaction (e.g. unrepresented buyer or seller). Where you are unable to identify an unrepresented individual, complete section A.4 and consider sending a Suspicious Transaction Report to FINTRAC if there are reasonable grounds to suspect that the transaction involves the proceeds of crime or terrorist activity. Where you are using an agent or mandatary to verify the identity of an individual, see procedure described in CREA's materials on REALTOR Link®.

**1. Full legal name of Individual:** Moh'd Yousef I. Abdelrahman
**2. Address:** 3407 - 510 Curran Pl. Mississauga, ON. L5B 0J8

**3. Date of Birth:** 1965/11/10
**4. Nature of Principal Business or Occupation:** Business Owner

### A.1 Federal/Provincial/Territorial Government-Issued Photo ID

Ascertain the individual's identity by comparing the individual to their photo ID. The individual must be physically present.

**1. Type of Identification Document***: Drivers Licence (must view the original and have a photo, see CREA's FINTRAC materials on REALTOR Link for examples)
**2. Document Identifier Number:** A1017-56646-51110
**3. Issuing Jurisdiction:** Ontario (insert applicable Province/Territory, Foreign Jurisdiction or "Canada")
**4. Document Expiry Date:** 2018-04-02 (must be valid and not expired) **Country:** Canada

### A.2 Credit File

Ascertain the individual's identity by comparing the individual's name, date of birth and address information above to information in a Canadian credit file that has been in existence for at least three years. If any of the information does not match, you will need to use another method to ascertain client identity. Consult the credit file at the time you ascertain the individual's identity. The individual does not need to be physically present.

**1. Name of Canadian Credit Bureau Holding the Credit File:**

**2. Reference Number of Credit File:**

### A.3 Dual ID Process Method

**1. Complete two of the following three checkboxes** by ascertaining the individual's identity by referring to information in two independent, reliable, sources. Each source must be well known and reputable (e.g., federal, provincial, territorial and municipal levels of government, crown corporations, financial entities or utility providers). Any document must be an original paper or original electronic document (e.g., the individual can email you electronic documents downloaded from a website). Documents cannot be photocopied, faxed or digitally scanned. The individual does not need to be physically present.

☐ Verify the individual's name and date of birth by referring to a document or source containing the individual's name and date of birth*
- ○ **Name of Source:**
- ○ **Account Number****: (must be valid and not expired; must be recent if no expiry date)

☐ Verify the individual's name and address by referring to a document or source containing the individual's name and address*
- ○ **Name of Source:**
- ○ **Account Number****: (must be valid and not expired; must be recent if no expiry date)

☐ Verify the individuals' name and confirm a financial account*
- ○ **Name of Source:**
- ○ **Financial Account Type:**
- ○ **Account Number****:

*See CREA's FINTRAC materials on REALTOR Link® for examples. ** Or reference number if there is no account number.

# Individual Identification Information Record

## A.4 Unrepresented Individual Reasonable Measures Record *(if applicable)*

Only complete this section when you are unable to ascertain the identity of an unrepresented individual.

1. **Measures taken to Ascertain Identity** *(check one)*:
   - ☐ Asked unrepresented individual for information to ascertain their identity
   - ☐ Other, explain: ..........

**Date on which above measures taken:** ..........

2. **Reason why measures were taken** *(check one)*:
   - ☐ Asked unrepresented individual for information to ascertain their identity
   - ☐ Other, explain: ..........

## B. Verification of Third Parties

NOTE: *Only complete Section B for your clients.* Complete this section of the form to indicate whether a client is acting on behalf of a third party. Either B.1 or B.2 must be completed.

### B.1 Third Party Reasonable Measures

Where you cannot determine whether there is a third party, complete this section.

**Is the transaction being conducted on behalf of a third party according to the client?** *(check one)*:

- ☐ Yes
- ☐ No

**Measures taken** *(check one)*:

- ☐ Asked if client was acting on behalf of a third party
- ☐ Other, explain: ..........

**Date on which above measures taken:** ..........

**Reason why measures were unsuccessful** *(check one)*:

- ☐ Client did not provide information
- ☐ Other, explain: ..........

**Indicate whether there are any other grounds to suspect a third party** *(check one)*:

- ☐ No
- ☐ Yes, explain: ..........

### B.2 Third Party Record

Where there is a third party, complete this section.

1. **Name of third party:** ..........
2. **Address:** ..........
3. **Date of Birth:** ..........
4. **Nature of Principal Business or Occupation:** ..........
5. **Incorporation number and place of issue** *(if applicable)*: ..........
6. **Relationship between third party and client:** ..........

# Individual Identification Information Record

NOTE: *Only complete Sections C and D for your clients.*

## C. Client Risk *(ask your Compliance Officer if this section is applicable)*

Determine the level of risk of a money laundering or terrorist financing offence for this client by determining the appropriate cluster of client in your policies and procedures manual this client falls into and checking one of the checkboxes below:

### Low Risk

- ☐ Canadian Citizen or Resident Physically Present
- ☐ Canadian Citizen or Resident Not Physically Present
- ☐ Canadian Citizen or Resident – High Crime Area – No Other Higher Risk Factors Evident
- ☐ Foreign Citizen or Resident that does not Operate in a High Risk Country (physically present or not)
- ☐ Other, explain:

### Medium Risk

- ☐ Explain:

### High Risk

- ☐ Foreign Citizen or Resident that operates in a High Risk Country (physically present or not)
- ☐ Other, explain:

If you determined that the client's risk was high, tell your brokerage's Compliance Officer. They will want to consider this when conducting the overall brokerage risk assessment, which occurs every two years. It will also be relevant in completing Section D below. Note that your brokerage may have developed other clusters not listed above. If no cluster is appropriate, the agent will need to provide a risk assessment of the client, and explain their assessment, in the relevant space above.

# Individual Identification Information Record

## D. Business Relationship

*(ask your Compliance Officer when this section is applicable)*

### D.1. Purpose and Intended Nature of the Business Relationship

Check the appropriate boxes.

Acting as an agent for the purchase or sale of:

- ☐ Residential property
- ☐ Commercial property
- ☐ Other, please specify: ...........
- ☐ Residential property for income purposes
- ☐ Land for Commercial Use

### D.2. Measures Taken to Monitor Business Relationship and Keep Client Information Up-To-Date

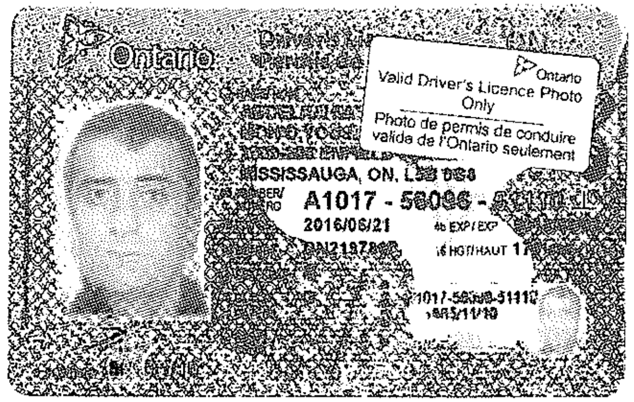
D.2.1. Ask the Client if their name, address or principal business or occupation has changed and if it has include the updated information on page one.

D.2.2 Keep all relevant correspondence with the client on file in order to maintain a record of the information you have used to monitor the business relationship with the client. Optional - If you have taken measures beyond simply keeping correspondence on file, specify them here:

D.2.3. If the client is high risk you must conduct enhanced measures to monitor the brokerage's business relationship and keep their client information up to date. Optional - consult your Compliance Officer and document what enhanced measures you have applied:

### D.3 Suspicious Transactions

Don't forget, if you see something suspicious during the transaction report it to your Compliance Officer. Consult your policies and procedures manual for more information.




Assignee:

Ontario **Temporary Driver's Licence OR Class M Licence - Province of Ontario**
**Permis de conduire temporaire OU de catégorie M - Province de l'Ontario**

| Effective Date / Date d'entrée en vigueur |
|---|
| 2018/01/02 (Y/A M D/J) |

| Driver's Licence No. / N° du permis de conduire | Class / Cat. | Cond. / Rest. | End. / Aut. | Height / Taille | Sex / Sexe | Date of Birth / Date de naissance | Date of Expiry / Date d'expiration |
|---|---|---|---|---|---|---|---|
| A1017-56096-51110 | G*** | *** | *** | 179 CM | M/H | 1965/11/10 (Y/A M D/J) | 2018/04/02 (Y/A M D/J) |

ABDELRAHMAN,DON'D,YOUSEF I
2407-510 CURRAN PL
MISSISSAUGA
L5B 0J8

Valid with photo licence card
Valide avec une carte-photo

COPIE COPY COPIE

Licensee's Signature / Signature du titulaire
This licence must be signed in ink and carried by the driver
Le conducteur doit signer le permis à l'encre et le porter sur lui

| Off. No. | Op. No. | | Issue Date | Serial No. |
|---|---|---|---|---|
| 067 | 5 | ON | 2018/01/02 (Y M D) | **73657270** |

Minister of Transportation
Ministre des Transports

SR-LD-053 2017/01

**To avoid a replacement fee, visit or contact ServiceOntario at 1-800-267-8097 if you have not received your card 2 weeks prior to the Date of Expiry on this Temporary Driver's Licence. / Pour éviter de payer des droits de remplacement, rendez-vous à un bureau de ServiceOntario ou téléphonez au 1-800-267-8097 si vous n'avez pas reçu votre carte deux semaines avant la date d'expiration de ce permis de conduire temporaire.**

**See reverse for M1, M2, G1 and G2 conditions.**
**Voir au verso les conditions des catégories M1, M2, G1 et G2.**

Mailing Address / Adresse postale

**Drinking and Driving Don't Mix - Keep Your Driving Privilege**
**La sobriété au volant - Protégez votre permis de conduire**

**RBC Royal Bank**

December 19, 2017

**Royal Bank of Canada**
BRAMPTN ON-CHINGUA & CHAROLAIS
495 CHAROLAIS BLVD
BRAMPTON, ON L6Y 0M2
Tel: 1-800-769-2511
Fax: 1-905-450-4020

MOH'D ABDELRAHMAN
2909 - 208 ENFIELD PLACE
MISSISSAUGA, ON L5B 0G8

Dear MOH'D ABDELRAHMAN,

**Re: Mortgage application number:** .

Congratulations and thank you for choosing RBC Royal Bank® for your mortgage needs. I'm pleased to confirm that you have been approved for a mortgage as per the details and conditions we've discussed (see below):

Property: UNIT 3407 510 CURRAN PL
MISSISSAUGA, ON L5B 0J8

Mortgage details:

| | |
|---|---|
| Mortgage amount: | $ 356,700.00. |
| Amortization period: | 30.00 years. |
| Interest rate: | 3.4900000% per year — calculated semi-annually, not in advance. |
| Term: | 60 months |
| Type: | Fixed Closed |
| Principal & Interest: | $ 1,594.77 |
| Property Taxes: | $ 3,700.97 |
| HomeProtector® Premium*: | $ 521.08[3] |
| Total Payment: | $ 2,115.85 |
| Payment frequency: | Monthly |
| Closing date: | February 21, 2018 |
| Interest adjustment date: | February 21, 2018 |
| First payment due date: | March 21, 2018 |
| Rate commitment expiry date: | March 02, 2018 |

Your interest rate is guaranteed until the earlier of the closing date or the rate commitment expiry date. If your rate commitment expires, get in touch with me right away for a new rate.

As a reminder, a mortgage processing fee of $ 0.00 is payable when your mortgage is advanced. This fee will be automatically deducted from your mortgage payment account unless you provide us with an alternate account to debit.

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If you have any questions, call me at 1-647-764-8700. As always, I'm available anytime, and I'll be happy to help. Congratulations again, and best wishes with your new home!

Yours truly,

Maninder Singh

MANINDER SINGH
Mortgage Specialist
Cell: 1-647-764-8700.
E-mail: maninder.s.singh@rbc.com

* HomeProtector Insurance is a creditor's group insurance program and is subject to certain terms, conditions, exclusions and eligibility restrictions. Please see the HomeProtector Certificate of Insurance (distribution guide for residents of Quebec) for full details

MAR

Royal Bank of Canada
# Client Agreement

BRAMPTN ON-CHINGUA & CHAROLAIS
495 CHAROLAIS BLVD
BRAMPTON, ON L6Y 0M2

**BRANCH DOMICILE**

**CLIENT NAME (Please Print Clearly)**

ABDELRAHMAN MOH'D

Surname First name Initials

**CLIENT CARD OR SRF NUMBER**

325928877

GENERAL TERMS

In this Client Agreement, please remember that:

**"Applicant"** means the person who signs this Client Agreement to apply for credit or a personal deposit account. For a credit card the Applicant may be the primary applicant in whose name the Account is opened or a co-applicant, or other person to whom a card is issued on the account.

**"I"**, **"me"** and **"my"** mean the Applicant who has signed this Client Agreement;

**"Bank"** means Royal Bank of Canada;

**"Royal Trust"** means Royal Trust Corporation of Canada (in Quebec, The Royal Trust Company);

**"You"** and **"your"** mean the Bank if an application is made to the Bank and Royal Trust if an application is made to Royal Trust.

**Collecting my personal information**

You may from time to time collect financial and other information about me such as:

- information establishing my identity (for example, name, address, phone number, date of birth, etc.) and my personal background;
- information related to transactions arising from my relationship with and through you, and from other financial institutions;
- information I provide on an application for any of your products and services;
- information for the provision of products and services; and
- information about financial behaviour such as my payment history and credit worthiness.

You may collect and confirm this information during the course of our relationship. You may obtain this information from a variety of sources, including from me, from service arrangements I make with or through you, from credit reporting agencies and other financial institutions, from registries, from references I provide to you and from other sources, as is necessary for the provision of your products and services.

**I acknowledge receipt of notice that from time to time reports about me may be obtained by you from credit reporting agencies.**

**Using my personal information**

This information may be used from time to time for the following purposes:

- to verify my identity and investigate my personal background;
- to open and operate my account(s) and provide me with products and services I may request;

CLIENT'S COPY

- to better understand my financial situation;
- to determine my eligibility for products and services you offer;
- to help you better understand the current and future needs of your clients;
- to communicate to me any benefit, feature and other information about products and services I have with you;
- to help you better manage your business and my relationship with you;
- to maintain the accuracy and integrity of information held by a credit reporting agency; and
- as required or permitted by law.

For these purposes, you may:

- make this information available to your employees, your agents and service providers, who are required to maintain the confidentiality of this information;
- share this information with other financial institutions; and
- give credit, financial and other related information to credit reporting agencies who may share it with others.

In the event your 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.

In the event your service provider is a Crown Corporation, the service provider is bound by, and the information may be disclosed in accordance with, federal access to information and privacy legislation.

Upon my request, you may give this information to other persons.

You may also use this information and share it with RBC® companies (i) to manage your risks and operations and those of RBC companies, (ii) to comply with valid requests for information about me from regulators, government agencies, public bodies or other entities who have a right to issue such requests, and (iii) to let RBC companies know my choices under *"Other uses of my personal information"* for the sole purpose of honouring my choices.

**If you have my social insurance number, you may use it for tax related purposes if I hold a product generating income and share it with the appropriate government agencies, and you may also share it with credit reporting agencies as an aid to identify me.**

**Other uses of my personal information**

- You may use this information to promote your products and services, and promote products and services of third parties you select, which may be of interest to me. You may communicate with me through various channels, including telephone, computer or mail, using the contact information I have provided.
- You may also, where not prohibited by law, share this information with RBC companies for the purpose of referring me to them or promoting to me products and services which may be of interest to me. You and RBC companies may communicate with me through various channels, including telephone, computer or mail, using the contact information I have provided. I acknowledge that as a result of such sharing they may advise you of those products or services provided.
- If I also deal with RBC companies, you may, where not prohibited by law, consolidate this information with information they have about me to allow you and any of them to manage my relationship with RBC companies and your business.

I understand that you and RBC companies are separate, affiliated corporations. RBC companies include your affiliates which are engaged in the business of providing any one or more of the following services to the public: deposits, loans and other personal financial services; credit, charge and payment card services; trust and custodial services; securities and brokerage services; and insurance services.

**I may choose not to have this information shared or used for any of these "Other uses" by contacting you as set out below, and in this event, I will not be refused credit or other services just for that reason. You will respect my choices and, as mentioned above, you may share my choices with RBC companies for the sole purpose of honouring my choices regarding *"Other uses of my personal information"*.**

**My right to access my personal information**

I may obtain access to the information you hold about me at any time and review its content and accuracy, and have it amended as appropriate; however, access may be restricted as permitted or required by law. To request access to such information, to ask questions about your privacy policies or to request that the information not be used for any or all of the purposes outlined in *"Other uses of my personal information"* I may do so now or at any time in the future by:

**CLIENT'S COPY**

- **contacting my branch; or**
- **calling you toll free at 1-800-769-2511.**

**Your privacy policies**
I may obtain more information about your privacy policies by asking for a copy of your "Financial fraud prevention and privacy protection" brochure, by calling you at the toll free number shown above or by visiting your website at www.rbc.com/privacy.

I certify that all information I give to you in connection with a credit application is true and complete.

This certification will also apply to all information I give to you in the future in connection with any other credit application.

**MORTGAGES AND PERSONAL LOANS**
I acknowledge that the granting of a mortgage does not represent a confirmation of the value or condition of the property, even if a property valuation or inspection is conducted by you, mortgage insurers or others, nor does it confirm my ability to pay the mortgage or loan. I acknowledge that you, mortgage insurers or others acting on your behalf, before or after mortgage or loan approval, to obtain credit information including obtaining reports from credit reporting agencies, about me in connection with: (i) the mortgage or loan application; (ii) the subsequent issuance of mortgage insurance with respect to the mortgage; or (iii) the inclusion of my mortgage or loan in a securitization transaction.
All information obtained from or concerning me in connection with approving the mortgage or loan, including credit reporting agency information, will be accessible to and may be used by mortgage insurers for any purposes related to the provision of loan insurance generally; I hereby consent to the use of the information by mortgage insurers.

**CREDIT CARD**
If I ever apply to you for a credit card, please open an account in my name, issue a credit card to me (and to the co-applicant if there is one for the account) and renew and replace the credit card(s) periodically.

I will comply with the cardholder agreement you will send to me when you issue, renew or replace my credit card. If I sign, use or accept my credit card, it will mean that I have received and read the Agreement. It will also mean that I have agreed with you to everything written there.

**ALTERNATE LENDER**
I agree that if you are unable to meet my credit needs, you may attempt to locate another lender ("alternate lender") on my behalf without further notice to me. I agree that you may share financial and other information about me with the alternate lender(s) selected by you. This information includes information contained in my loan/mortgage application, employment information, income verification and information obtained from credit reporting agencies. Also, I agree that an alternate lender to whom my application is referred may collect information about me from credit reporting agencies in connection with its consideration of the referred application and use the information for such purposes. I am aware that a fee may be paid to you by an alternate lender in connection with the referral of my loan/mortgage application. I agree that the alternate lender may advise you directly if my application is approved, declined or funded. Further, I agree to the release of the details of my mortgage placement to my real estate agent. I acknowledge that, although you may make efforts to locate an alternate lender, you are not under an obligation to do so and are not liable for any acts or omissions of an alternate lender. If I have any claims or disputes regarding a loan/mortgage with an alternate lender, I will settle the claims and disputes directly with the alternate lender.

**Statement Pertaining to Third Party Applicable to Personal Loans and Mortgages**
The proceeds of this credit facility will not be used by or on behalf of a third party. A third party is a person or an entity (for example a corporation), other than the applicant/co-applicant (or someone authorized to give instructions in respect of the account, for example a person with a power of attorney), who will benefit from the proceeds of the loan or mortgage. It means that the individual or entity gives instructions in respect of the proceeds, and directs the manner in which the proceeds will be used, but is not on the application for the loan or mortgage. To make this statement I have considered whether I or a co-applicant will take instructions from someone else or another entity regarding what I or a co-applicant should do with the

funds or how to manage the loan/mortgage.

Note: Where the applicant or co-applicant is a parent, intending to use the credit facility to benefit their child (for example to purchase a house for the child or use funds for child's education) the child is not a "third party".

Note for Credit Card Applicants: Though I am not required to make this statement when I apply to you for a Credit Card, I acknowledge that any Credit Card you issue on my RBC Royal Bank® Credit Card Account must only be used by the person whose name is embossed on that card.

You and I have expressly requested that this Agreement be drawn in the English language. Vous et moi avons expressément demandé que ce contrat soit rédigé en langue anglaise.

| | |
|---|---|
| Applicant | Date |

RBC

Form S 82804 (08/2013)

To: **RBC Insurance Services Inc.**
**Insurance Service Centre**
**P.O. Box 53, Station A**
**Mississauga, Ontario L5A 2Y9**

## Cancellation Request For
## HomeProtector®/LoanProtector® Insurance Coverage

In order to process this cancellation request, the information below must be verified by you, and this request must be signed, dated, and submitted to the Insurance Service Centre via fax to 1-800-864-6102, or by mail. The cancellation will become effective once the signed authorization has been received. A confirmation of your cancellation will be sent to you for your records once it has been processed.

Should you decide in the future that insurance coverage is right for you, you can reapply at any time.

If you have any questions, please contact the Insurance Service Centre at 1-800-ROYAL 2-3 (1-800-769-2523). If you are an Online Banking client, you can also contact us through Online Banking.

### HomeProtector Insurance

| Mortgage Number | Name of Person Whose Coverage is to be Cancelled | Client Number for Person Whose Coverage is to be Cancelled | Type of Coverage Cancelled (i.e. Life, Life and Disability, or Disability only) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

LoanProtector Insurance

| Loan or Line of Credit Number | Name of Person Whose Coverage is to be Cancelled | Client Number for Person Whose Coverage is to be Cancelled | Type of Coverage Cancelled (i.e. Life, Life and Disability, or Disability only) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**Important:**
This request must be signed by all borrowers and guarantors for each mortgage, loan or line of credits on which insurance is being cancelled.

Name: ____________________ Signature: ____________________ Date: __________

Name: ____________________ Signature: ____________________ Date: __________

Name: ____________________ Signature: ____________________ Date: __________

Name: ____________________ Signature: ____________________ Date: __________

# HomeProtector® Application

Name: MOH'D ABDELRAHMAN | Client Reference Number: 325928877

Mortgage Number: 100834095 - 601097206 | Date of Birth (mm/dd/yyyy): 11/10/1965

Branch Transit Number: 00257 | Date of Mortgage (mm/dd/yyyy): 02/21/2018

Product ID No: 100834095 - 601097206 | Insurance Cost per Payment: $ 521.08

Amount of this Mortgage: $ 356,700.00 | Regular Payment: $ 2,115.85

This mortgage has Partial Critical Illness Coverage in the amount of 84%

**A) Type of Insurance:** Life and Critical Illness (Waive Disability)

For eligibility requirements, refer to the "Eligiblity" section in the Certificate of Insurance.

**B) Health Questions:**

(If you answered "yes" to one or more health questions, Canada Life will require more information to help them assess your application. A representative of Canada Life will call you to complete a health assessment. Your application will require written approval.)

Note: Questions Asked and Answered on the date(s) shown.

1. In the past 24 months, have you been tested for, received any treatment, medical advice, consultation, diagnosis, required follow-up for or had any known indication of:
   - problems relating to heart, circulation, high blood pressure, high cholesterol, stroke, cancer, tumor, leukemia, lupus, asthma or any other lung or respiratory condition
   - diabetes, hepatitis, liver or kidney disease, stomach or intestinal condition, multiple sclerosis or any other condition affecting the central nervous system, including paralysis
   - alcohol or substance abuse, depression or other mental, nervous or psychiatric condition, or have you ever tested positive for, or been diagnosed as having any HIV virus or any other associated disease including AIDS or any other immunological disease or condition?

Date (mm/dd/yyyy): 07/17/2017 NO

CLIENT COPY

Additional Health Question Applicable to the application for Critical Illness insurance:

2. Have you ever had cancer, a tumor, stroke, heart disease, heart attack or diabetes or were 2 or more of your biological parents, brothers or sisters diagnosed with any of the aforementioned illnesses before they reached the age of 60?
Date (mm/dd/yyyy): 07/17/2017 NO

**C) Please read before signing this application**

By signing below, you are applying for HomeProtector Insurance as indicated above, you have read the application and you agree with the following:

- You acknowledge that, for each of Life and Disability or Critical Illness insurance, this signed HomeProtector application replaces any earlier version of this application
- You are applying for HomeProtector insurance coverage, underwritten by the Insurer, The Canada Life Assurance Company, and your application date is the date you answered your application health questions, which is the date you started your application electronically. Your coverage will be with Canada Life.
- You have received and have been given the opportunity to read the HomeProtector Certificate of Insurance (including the section "Privacy & Confidentiality") and agree to be bound by its terms
- You confirm that your answers to the health questions as recorded in Section B were complete and true as of the date shown above and you understand concealment, misrepresentation or false declaration concerning this application could cause your insurance to be void
- Your coverage is subject to limitations and exclusions, including pre-existing condition exclusions and benefit maximums (including a 24 month maximum disability benefit period if applicable), all of which is explained in the Certificate of Insurance.
- You authorize the Insurer and the Insurance Service Centre, including their service providers, to exchange such personal information as may be required for the administration and servicing of your insurance.
- RBC Royal Bank® is not the agent of the Insurer and no person has the authority to waive or modify any provisions of the application or Certificate of Insurance
- You authorize RBC Royal Bank to include the insurance premiums with your regular mortgage payment
- For administrative purposes, you authorize the Insurer and the Insurance Service Centre to provide any co-borrower or guarantor of your mortgage with the status of your insurance
- You have requested this application and all related documents to be in English. (Vous avez demandé que ce document et tous les documents y afferents soient rédigés et signés en anglais.)
- This insurance coverage is voluntary. You can cancel your insurance coverage at any time. If you cancel within the 30-day free look period, you will receive a full refund of any insurance premiums collected.
- You will retain a copy of this application for your records

Signature: ______________________________
July 17, 2017 Version # 0002

Date (mm/dd/yyyy): _____/_____/__________

CLIENT COPY

RBC Royal Bank

# HomeProtector®

## Certificate of Insurance – Mortgage life, critical illness and disability insurance

This Certificate of Insurance ("Certificate") provides important details on your insurance coverage; please keep this Certificate in a safe place. Subsequent correspondence may refer to this Certificate as the "Booklet" or the "HomeProtector booklet".

HomeProtector® insurance provides group creditor life, critical illness and disability insurance underwritten by The Canada Life Assurance Company ("Insurer" or "Canada Life"), under Group Policy ("Policy") G60100, H60200 and H60101, issued to the Royal Bank of Canada including associated companies ("RBC Royal Bank") as the policyholder. Each applicant (referred to as "you") approved by the Insurer is insured under the Policy, further to your written application or your telephone conversation with a representative of RBC Royal Bank or the Insurer in which you indicated your wish to apply ("Application") for HomeProtector life or HomeProtector life and critical illness insurance or HomeProtector life and disability insurance.

| | |
|---|---|
| **Eligibility** | To be eligible to apply for HomeProtector insurance, at the date of application you must be:<br>• for life and disability insurance, at least 18 and less than 66 years old;<br>• for critical illness insurance, at least 18 and less than 56 years old;<br>• a Canadian resident (living in Canada at least six months out of the year); **and**<br>• an individual borrower, co-borrower or guarantor of an eligible mortgage. A maximum of two people per eligible mortgage can have coverage.<br>You cannot be insured for both critical illness and disability insurance at the same time on the same mortgage.<br>If applying for critical illness insurance, you must also have or be applying for HomeProtector life coverage.<br>If applying for disability insurance, you must also have or be applying for HomeProtector life coverage and be actively working on the date of application.<br>Actively working means you are<br>• gainfully employed in full-time or self-employment at least 20 hours a week; or<br>• on maternity or parental leave but capable of performing the regular duties of your employment or occupation; or<br>• employed seasonally for at least 20 hours a week during the work season, which has a beginning and end, and you have a proven work history as a seasonal employee, you expect to return to the same occupation the next season and you are currently capable of performing the regular duties of your seasonal employment.<br>An eligible mortgage is an RBC Royal Bank mortgage that is secured by a residential property that is:<br>• either your own home, a rental or seasonal cottage property; or<br>• under the On-Reserve Housing Program, the First Nation On-Reserve Program or the Chattel Loan Insurance Program (CLIP);<br>and is <u>not</u>:<br>• secured by a residential property that is a multiple family dwelling of more than six units;<br>• an interest-only payment structure on a fully advanced mortgage; or<br>• a self-directed RRSP mortgage.<br>**Note: The mortgage must be in good standing for it to be considered an eligible mortgage.** |
| **Confirmation of Coverage** | If you answered **No** to all the health questions in the Application then your application for coverage is automatically approved. If you answered **Yes** to any of the health questions in the Application your application is <u>not</u> automatically approved and you must complete a separate health assessment. In this case, the Insurer will send you written notice of approval or refusal of your application. |
| **When coverage begins** | Your insurance coverage begins on the date your HomeProtector Application is approved.<br>**Note:** No benefit will be paid until funds have been fully advanced by RBC Royal Bank |
| **When coverage ends** | Your insurance coverage ends on the <u>earliest</u> of the following dates:<br>• the date the mortgage is paid in full, discharged (unless exercising your portability option without adding additional funds) or assumed in writing by some other person;<br>• the date the principal balance of your mortgage increases;<br>• the date the Insurance Service Centre receives your written request to cancel your life, critical illness or disability insurance;<br>• the date that all or part of your insurance premiums are 90 days overdue;<br>• the last day of the month in which you turn 70 years of age; please note that your mortgage will not be insured for the full duration of the amortization period if the amortization period of your mortgage extends beyond your 70th birthday;<br>• the date you are no longer the borrower, co-borrower or guarantor of the mortgage;<br>• the date you die; or<br>• the date the group policy for life, critical illness or disability coverage terminates.<br>Your critical illness or disability coverage also ends on the date your life coverage ends.<br>Your critical illness coverage also ends on the date you are Diagnosed with a Covered Illness for which the Insurer pays a critical illness insurance claim.<br><u>Critical illness insurance also ends and premiums are refunded</u> if a Diagnosis of Cancer or signs, symptoms or investigations leading to a Diagnosis, occurs within 90 days of your coverage effective date. |
| **Temporary coverage** | If it is necessary for the Insurer to assess your HomeProtector application and RBC Royal Bank has approved your mortgage, HomeProtector insurance provides temporary insurance for you during the assessment period, with the following conditions:<br>• HomeProtector insurance will only pay a life insurance benefit and only if you die as a result of an accidental injury. Accidental injury is a bodily injury resulting from an accident, directly and independently of all other causes. An accident is a sudden, violent and unforeseen external event, which does not include medical conditions or treatment for medical conditions;<br>• the benefit is the amount that would have been paid had your HomeProtector application been accepted;<br>• no benefit will be paid if your accidental death was the result of you committing or attempting to commit a criminal offence regardless of whether charges are laid or a conviction obtained;<br>• no benefit will be paid if your accidental death was caused directly or indirectly by suicide or intentional self-inflicted injury.<br>Your temporary insurance will end on the <u>earlier</u> of the following dates: |

- the 30th day following the date of your Application; or
- the date that the Insurer reaches a final decision on your Application.

**Life insurance**

Provided you meet the terms and conditions of your Certificate of Insurance, in the event of death, the Insurer will pay RBC Royal Bank the insured mortgage balance(s) owing at your date of death, to a maximum of **$750,000** for all of your insured mortgages combined.

The insured mortgage balance consists of the unpaid principal balance(s); mortgage interest and insurance premiums in arrears from the mortgage payment due date immediately prior to death to a maximum of five years; any pre-payment charges; and any overdrawn balance in your property tax account; and any "cash back option" penalty amount owing and included in the existing balance on the payout statement.

**Pro-rated Coverage** - If, when coverage begins, the total of all mortgages to be insured under HomeProtector insurance exceeds $750,000, premiums are only calculated on the $750,000 maximum, and the benefit paid is pro-rated.

**For example:** If the mortgage balance was $780,000 at the time of the insurance application and the balance owing at the date of death is $380,000, the benefit payable is **$750,000 ÷ $780,000 x $380,000 = $365,384.** If you are jointly insured, the insurer will pay the insured mortgage balance upon the first death, and insurance coverage will remain in effect for the other insured borrower (if a balance is not paid in full).

**Note: All life benefits paid by the Insurer are applied directly to your insured mortgage account(s).**

**Cost of life insurance**

Your life insurance premium is based on your age and the amount of your mortgage at the time you apply for insurance. If the total of all your insured RBC Royal Bank mortgages, plus any mortgage for which you are applying for HomeProtector insurance exceeds $750,000, you will pay a premium on only amounts up to $750,000.

| Monthly premium rate per $1,000 of initial insured mortgage balance | Age | 18-30 | 31-36 | 37-41 | 42-45 | 46-50 | 51-55 | 56-60 | 61-65 | 66-69* |
|---|---|---|---|---|---|---|---|---|---|---|
| | Single | $0.09 | $0.13 | $0.20 | $0.29 | $0.40 | $0.52 | $0.70 | $0.95 | $1.63 |
| | Joint | $0.15 | $0.22 | $0.34 | $0.49 | $0.68 | $0.88 | $1.19 | $1.62 | $2.77 |

Provincial sales tax will be added to your premium where applicable.

* Applicable only to clients refinancing or adding on to their existing HomeProtector insured mortgage.

The cost of joint coverage is calculated using the joint rate and the age of the older person.

**For example:** You and your co-borrower have a $200,000 mortgage and you want to insure it with HomeProtector life insurance. You are 35 years old and your co-borrower is 30 years old. The premium rate for the HomeProtector life insurance joint coverage will be based on the age of the older person. The premium rate will be $0.22 per $1,000 of initial insured mortgage balance. The premium will be calculated as follows: ($200,000 ÷ $1,000) x $0.22 = $44 per month + PST where applicable.

If you add on to or refinance your mortgage, you must reapply for insurance coverage, and premiums will be calculated based on your age and balance at the time of your new application for insurance (see *Refinancing and HARP*).

**Critical illness insurance**

Provided you meet the terms and conditions of this Certificate of Insurance, if you are Diagnosed with Cancer (Life-Threatening), Heart Attack, or Stroke (see *Covered Illnesses*) while you are insured under this Certificate, the Insurer will pay RBC Royal Bank the insured mortgage balance(s) owing at the date of Diagnosis, to a maximum of **$300,000** for all of your insured mortgages combined.

The insured mortgage balance consists of the unpaid principal balance(s); mortgage interest and insurance premiums in arrears from the mortgage payment due date immediately prior to date of Diagnosis to a maximum of five years; any pre-payment charges; any overdrawn balance in your property tax account; and any "cash back option" penalty amount owing and included in the existing balance on the payout statement.

**Pro-Rated Coverage** - If, when coverage begins, the total of all mortgages to be insured under HomeProtector insurance exceeds $300,000, premiums are only calculated on the $300,000 maximum, and the benefit paid is pro-rated.

**For example:** If the mortgage balance was $400,000 at the time of the insurance application and the balance owing at the date of Diagnosis is $350,000, the benefit payable is **$300,000 ÷ $400,000 x $350,000 = $262,500.** If you are jointly insured, the Insurer will pay the insured mortgage balance upon the first date of Diagnosis; critical illness insurance coverage will remain in effect for the other insured borrower (if a balance is not paid in full).

**Note: All critical illness benefits paid by the Insurer are applied directly to your insured mortgage account(s).**

**Covered Illnesses**

This section contains specialized medical terms; if you have questions, please contact your medical doctor.

Diagnosis means the determination of the nature and circumstances of a medical condition, made in writing by a **medical doctor** who has been trained in and certified by a specialty examining board in Canada in the specific area of medicine relevant to the Covered Illness, and who is not yourself, your relative, or your business associate.

Cancer (Life-Threatening) is defined as a definite Diagnosis of a tumour, which must be characterized by the uncontrolled growth and spread of malignant cells and the invasion of tissue.

Exclusion: Cancer (Life-Threatening) does not include, and no benefit will be payable under this condition for:

- Carcinoma in-situ; Malignant melanoma skin cancer that is less than or equal to 1.0mm in thickness, unless it is ulcerated or is accompanied by lymph node or distant metastasis;
- Any non-melanoma skin cancer, without lymph node or distant metastasis;
- Prostate cancer classified as T1a or T1b, without lymph node or distant metastasis; or
- Papillary thyroid cancer or follicular thyroid cancer, or both, that is less than or equal to 2.0cm in greatest diameter and classified as T1, without lymph node or distant metastasis.

Heart Attack is defined as a definite Diagnosis of the death of heart muscle due to obstruction of blood flow, which results in the rise and fall of biochemical cardiac markers to levels considered diagnostic of myocardial infarction, with at least one of the following:

- Heart attack symptoms;
- New electrocardiogram (ECG) changes consistent with a Heart Attack; or
- Development of new Q waves during or immediately following an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty.

Exclusion: Heart Attack does not include, and no benefit will be payable under this condition for:

- ECG changes suggesting a prior myocardial infarction; or
- Elevated biochemical cardiac markers as a result of an intra-arterial cardiac procedure including, but not limited to, coronary angiography and coronary angioplasty in the absence of new Q waves.

Stroke is defined as a definite Diagnosis of an acute cerebrovascular event caused by intra-cranial thrombosis or haemorrhage, or embolism from an extra-cranial source, with:

- Acute onset of new neurological symptoms, and
- New objective neurological deficits on clinical examination, persisting for more than 30 days following the date of Diagnosis. These new symptoms and deficits must be corroborated by diagnostic imaging testing.

Exclusion: Stroke does not include, and no benefit will be payable under this condition for:

- Transient Ischemic Attacks, also referred to as mini stroke;
- Intracerebral vascular events due to trauma; or
- Lacunar infarcts which do not meet the definition of Stroke as described above.

**Cost of critical illness insurance**

Your insurance premium is based on your age and the amount of your mortgage at the time you apply for insurance. If the total of all your insured RBC Royal Bank mortgages, plus any mortgage for which you are applying for HomeProtector insurance exceeds $300,000, you will pay a premium on only amounts up to $300,000.

| Monthly premium rate per $1,000 of initial insured mortgage balance | Age | 18-30 | 31-36 | 37-41 | 42-45 | 46-50 | 51-55 | 56-60* | 61-65* | 66-69* |
|---|---|---|---|---|---|---|---|---|---|---|
| | Single | $0.10 | $0.16 | $0.24 | $0.44 | $0.66 | $0.99 | $1.69 | $2.49 | $2.79 |
| | Joint | $0.17 | $0.27 | $0.41 | $0.75 | $1.12 | $1.68 | $2.87 | $4.23 | $4.74 |

*Applicable only to clients with Prior Coverage Recognition (see *Prior Coverage Recognition (PCR)*) on their existing HomeProtector insured mortgage.

Provincial sales tax will be added to your premium where applicable. The cost of joint coverage is calculated using the joint rate and the age of the older person.

**Example:** You and your co-borrower have a $200,000 mortgage and want to insure it with HomeProtector critical illness insurance. You are 35 years old and your co-borrower is 30 years old. The premium rate for the HomeProtector critical illness insurance joint coverage will be based on the age of the older person. The premium rate will be $0.27 per $1,000 of initial insured mortgage balance. The premium will be calculated as follows: ($200,000 ÷ $1,000) x $0.27 = $54 per month + PST where applicable.

If you add on to or refinance your mortgage, you must reapply for insurance coverage, and premiums will be calculated based on your age and balance at the time of your new application for insurance (see *Refinancing and HARP*).

**Refinancing and HARP**

If you add on to or refinance your mortgage, you must reapply for insurance coverage, and premiums will be calculated based on your age and balance at the time of your new application for insurance. You are considered to have added on to or refinanced your mortgage if the balance of your mortgage increases. If you add on to or refinance your existing HomeProtector insured mortgage, insurance coverage terminates, and you need to reapply for coverage on the new mortgage amount. However, if:

- you increase your existing mortgage balance (i.e. add on/refinance) by $100,000 or less; and
- you reapply for the same type of coverage on your new mortgage, before it is advanced; and
- for life and/or disability insurance - you are less than 70 years of age and the total of all your insured RBC Royal Bank mortgages, plus any mortgage for which you are applying for HomeProtector life and/or disability insurance is $750,000 or less; and/or
- for critical illness insurance - you are less than 56 years of age and the total of all your insured RBC Royal Bank mortgages, plus any mortgage for which you are applying for HomeProtector critical illness insurance is $300,000 or less;

then you are **not** required to:

- answer the application health questions; or
- be actively at work at the time of the add-on/ refinance.

This special consideration is called the HomeProtector insurance Add-On/Refinance Program (HARP). Your answers to the health questions on your previous HomeProtector application for the mortgage prior to the Add-On/Refinance, plus any evidence of your insurability submitted with respect to that application, shall be deemed to be information relating to the application submitted under HARP. As well, to be eligible for HomeProtector insurance under HARP, you must have been eligible for HomeProtector insurance at the time you applied for coverage on your mortgage prior to the Add-On/Refinance, which includes being actively at work for disability insurance.

**Prior Coverage Recognition (PCR)**

If you are increasing your existing mortgage balance and reapplying for HomeProtector coverage within 30 days of your previous coverage ending, and

- your application is declined by the Insurer for health reasons; or
- you are over the maximum age to be able to apply for life or critical illness coverage,

then, the Insurer will recognize your prior HomeProtector life and/or critical illness insurance coverage by granting you life and/or critical illness coverage on the proportion of your new mortgage balance that equals the lesser of the closing insured balance of your previously insured mortgage or the plan maximum.

**For example – Life PCR:** You refinance your existing HomeProtector insured mortgage to $410,000. The closing balance, prior to refinancing, was $280,000. You reapply for coverage within 30 days of your previous coverage ending, and your application is declined for health reasons. The Prior Life Insurance Coverage Recognition feature entitles you to HomeProtector life insurance coverage of 68% of your new outstanding mortgage balance (i.e. $280,000 ÷ $410,000). In this example, your life coverage will always be 68% of your outstanding mortgage balance. Therefore, if on the date you die, your outstanding mortgage balance has declined to $200,000, the benefit payable would be 68% of $200,000, which is $136,000.

**For example – Critical Illness PCR:** You refinance your existing HomeProtector Insured mortgage to $410,000. The closing balance, prior to refinancing, was $280,000. You reapply for coverage within 30 days of your previous coverage ending, and your application is declined for health reasons. The Prior Critical Illness Insurance Coverage Recognition feature entitles you to HomeProtector critical illness insurance coverage of 93% of your new outstanding mortgage balance (i.e. $280,000 ÷ the plan maximum of $300,000). In this example, your critical illness coverage will always be 93% of the lesser of your outstanding mortgage balance or the plan maximum. Therefore, if on the date of Diagnosis, your outstanding mortgage balance has declined to $200,000, the benefit payable would be 93% of $200,000, which is $186,000.

The life and/or critical illness insurance premiums for Prior Coverage Recognition are based on your age at the time of your new application and your outstanding mortgage balance prior to reapplying for HomeProtector coverage.

**Construction Mortgages**

In the case of a construction mortgage, life and critical illness insurance is available while your home is under construction and begins once you are approved for the coverage. A benefit will only be paid when the mortgage is fully advanced. Please note that no premiums are collected until regular mortgage payments of principal, interest and insurance begin.

**Disability insurance**

Provided you meet the terms and conditions of your Certificate of Insurance, in the event of disability*, the Insurer will pay your regular insured mortgage payment of principal, interest and insurance premiums (excluding property tax instalments) to RBC Royal Bank for a maximum of **24 months**. The Insurer will not pay more than $3,000 each month for all your insured mortgages combined, including insurance premiums. There is a waiting period of 60 days before disability benefits are payable.

Disability payments will end on the earliest of the following dates:

1. The date your disability ends or you return to work;
2. The date you become engaged in any business, occupation or undertaking for wages or expectation of profit;

For either of the dates above, it is your responsibility to inform the Insurer that either of these events has occurred. Also, in these cases, as long as the maximum benefit of 24 months of disability payments has not been paid, the Insurer will make additional payment(s) depending on your regular payment schedule, as follows:

- One additional regular monthly payment, if your regular payment is made monthly; or
- 2 additional regular bi-weekly payments, if your regular payment is made bi-weekly; or
- 2 additional regular semi-monthly payments, if your regular payment is made semimonthly; or
- 4 additional regular weekly payments, if your regular payment is made weekly.

3. The date that 24 months of disability payments have been made on your behalf;
4. The date your HomeProtector life or disability insurance coverage ends; or
5. The date you refinance or add on to your mortgage while disabled.

If you have joint coverage and both of you are disabled, payment of benefits will continue until each of you recover, to a maximum of 24 months for the person who was disabled last. However, at no time will the benefit be more than the monthly equivalent of the regular mortgage payment to a maximum of $3,000 for all your insured mortgages combined.

**Note:** The Insurer will adjust your disability benefit to reflect any change in a mortgage payment that is the result of a change in the interest rate you are charged.

*A disability is a sickness, injury, mental illness or nervous disorder that completely prevents you from performing the regular duties of:

- the occupation(s) in which you were engaged immediately before the date you became disabled; or
- your principal occupation, if you are a seasonal employee and you become disabled between seasons; or
- if you are retired, your occupation prior to retirement.

**To qualify for disability benefits, and to continue receiving these benefits, you must:**

- be under the continuous care of a physician who is licensed to practice medicine in Canada or, in the case of mental illness or nervous disorder, including anxiety, depression and behavioural disorders, under the continuous care of a psychiatrist or psychologist. The physician, psychiatrist or psychologist treating you for your disability must be someone other than yourself or a family member;
- not be engaged in any activity for wages or expectation of profit; and
- provide proof of your disability claim satisfactory to the Insurer, and continue to provide proof of your disability claim whenever the Insurer may request it, at your expense.

The Insurer may request, at its own expense, a medical examination by a physician appointed by them or an examination at a rehabilitation facility.

**Note: All disability benefits paid by the Insurer are applied directly to your insured mortgage account(s).**

**Cost of disability insurance**

Disability insurance premiums are based on your age at the time of your application for disability insurance and the amount of your current mortgage payment of principal, interest and life insurance premium.

| Premium rates per $100 of mortgage payment | Age | 18-30 | 31-36 | 37-41 | 42-45 | 46-50 | 51-55 | 56-60 | 61-65 | 66-69* |
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| | Single | $1.41 | $1.79 | $2.24 | $2.84 | $3.47 | $4.34 | $5.48 | $8.38 | $6.83 |
| | Joint | $2.68 | $3.40 | $4.26 | $5.40 | $6.59 | $8.25 | $10.41 | $12.12 | $12.98 |

Provincial sales tax will be added to your premium where applicable.

* Applicable only to clients refinancing or adding on to their existing HomeProtector insured mortgage.

The cost of joint coverage is calculated using the joint rate and the age of the older person. Since the disability premium is calculated based on your mortgage payment, increasing your mortgage payment will also increase your disability premium.

**For example:** You and your co-borrower have a mortgage on your home for which you must make a monthly payment of $1,000 (which includes principal, interest and your life insurance premium); and you want to insure your mortgage with joint HomeProtector disability insurance. You are 35 years old and your co-borrower is 30 years old. The premium rate for the HomeProtector disability insurance joint coverage will be based on the age of the older person. The premium rate will be $3.40 per $100 of mortgage payment. The premium will be calculated as follows: ($1,000 ÷ $100) x $3.40 = $34.00 per month + PST where applicable.

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| **Concurrent or Overlapping disabilities** | **In case of individual concurrent or overlapping disabilities**<br>If your initial disability develops into another related condition, so that you are disabled from a new disability that is the direct or indirect result of the initial disability, this will be considered as one period of disability and the **24 month** maximum benefit period will be calculated from the occurrence of the initial disability. This is known as a concurrent disability.<br>If you sustain a second or further unrelated disability during the benefit period of your initial disability that continues to be disabling beyond the end of the initial disability, this is known as an overlapping disability and a new claim for benefits can be submitted, subject to the following:<br>• The medical condition causing the overlapping disability must be unrelated to the initial disability;<br>• The overlapping disability must have commenced after the initial disability began; and<br>• If the claim for your overlapping disability is approved and you are still disabled by it, after your initial disability has ended or the maximum benefit period has been paid, benefits for your overlapping disability will only start after benefits on your initial claim have stopped, subject to a new 60 day waiting period starting as of the date of the last benefit for the first disability. A new maximum benefit period of 24 months will begin.<br>**For example:** You initially became disabled on May 1, 2009. You submit a claim and it is approved and therefore benefits commence on July 15, 2009. You sustain an overlapping disability on March 1, 2010. You then submit and are approved for that second claim. As of March 1, 2010 you are still receiving benefits from your initial claim, which then stop after the payment on April 15, 2010 (because you recovered from your initial disability on March 15, 2010). As of March 15, 2010, if you are still disabled from the second disability, you will start to receive benefits on June 15, 2010 (first payment date after the 60 day waiting period) and they will continue until the earliest of the five dates for termination set out in the *Disability Insurance* section, up to a maximum of 24 months, which will be calculated from June 15, 2010.<br>If you recover from a disability, but your disability recurs within 21 consecutive and complete days, lasts for at least five consecutive and complete days of work, and is due to the same cause or causes, then the Insurer will still consider this to be one continuous period of disability. In such cases, the Insurer begins paying your disability benefits effective immediately after this temporary period of recovery, without any waiting period. |
| **30 day free look and how to cancel coverage** | This insurance coverage is voluntary. If you cancel your insurance coverage within 30 days of the <u>later</u> of the following dates:<br>• the date your HomeProtector Application is approved; or<br>• the date the funds are advanced or made available for use,<br>then a full refund of your premiums will be issued, if any have been collected, provided no claim has been made. To cancel this insurance, you must send a written request signed by all borrowers and guarantors to the Insurance Service Centre (see Contact Information). In the event you cancel your insurance, your final premium will be adjusted to reflect insurance costs up to and including the date your request is received by the Insurance Service Centre. |
| **Limitations and exclusions** | In addition to the pre-existing condition exclusion and benefit maximums, waiting period and maximum disability benefit period, HomeProtector insurance is subject to other limitations and exclusions, including that **<u>no benefit is payable</u> if** you commit suicide within two years of the date your insurance coverage begins, or your death, critical illness or disability is directly or indirectly the result of your committing or attempting to commit a criminal offence. **If you have failed to disclose information or have given incorrect information relating to the application (or earlier HomeProtector applications if made within 2 years of the date of your death), coverage may be void and the Insurer may not pay a benefit.**<br>**<u>No disability benefit is payable if</u>** your disability is directly or indirectly the result of intentional self-inflicted injury, your pregnancy, other than physical complications of pregnancy, or your alcoholism or drug addiction, unless you maintain satisfactory participation in a rehabilitation program approved by the Insurer and your participation began during the waiting period and continues throughout the benefit period. **<u>Additionally, no critical illness benefit is payable if</u>** your claim is a result of, relates to or is associated with your use of illegal or illicit drugs or substances, your misuse of medication obtained with or without a prescription, or, within 90 days of your coverage effective date, a Diagnosis of Cancer occurs or you have signs, symptoms or investigations leading to a Diagnosis of Cancer, regardless of when the Diagnosis is made. Please also see the *Covered Illnesses* section for additional exclusions. |
| **Pre-existing condition exclusion** | **The Pre-existing Condition Exclusion means that the Insurer will NOT pay a benefit if:**<br>1. You have received treatment (meaning advice, consultation, care or service from a health care provider), taken pills, injections, or any other form of medication or consulted a health care provider, for any health condition or symptoms of a health condition, whether diagnosed or not, in the 12 months before you re-applied for life, disability or critical illness insurance due to refinancing or adding on to your mortgage under HARP, **AND**<br>2.<br>• for a life claim, you died within the first 12 months after you re-applied for life insurance under HARP;<br>• for a disability claim, you became disabled within 12 months after you re-applied for disability insurance under HARP;<br>• for a critical illness claim, you were diagnosed with the critical illness within 24 months after you re-applied for critical illness insurance under HARP; **AND**<br>3. Your death, disability or critical illness for which a claim is submitted is a result of or related to a health condition referred to in (1) above. |
| **Submitting a claim** | Claim forms and more information on the claims process can be obtained from your RBC Royal Bank branch or by contacting the Insurance Service Centre at 1-800-769-2523. Life claim forms must be received by the Insurer **within one (1) year from the date of death.** Critical illness claim forms must be received by the Insurer **within 180 days from the date of Diagnosis.** Disability claim forms must be received by the Insurer **within 150 days from the day the disability started.** You must provide medical evidence required to support the claim at your expense. You or your authorized representative will be notified in writing of a decision to approve or deny your claim by the Insurer within 30 days of the Insurer receiving all information required upon which to make a decision.<br>**Important: You are responsible for all your regular mortgage payments until you have been advised by the Insurer that your claim has been approved.** |
| **Additional Information** | • Royal Bank of Canada receives compensation from the Insurer when you enrol in this insurance.<br>• On request, you or a claimant under the contract will be provided with a copy of your application and any evidence of your insurability provided to the Insurer, subject to limits prescribed by law. On reasonable notice, the Insurer will provide you or a claimant under the contract with a copy of the group policy.<br>• 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 (for actions or proceedings governed by the laws of Alberta and British Columbia), The Insurance Act (for actions or proceedings governed by the laws of Manitoba), the *Limitations Act, 2002* (for actions or proceedings governed by the laws of Ontario), or in other applicable legislation. For those actions or proceedings |

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| | governed by the laws of Quebec, the prescriptive period is set out in the Quebec Civil Code.<br>• All premiums, terms and conditions are subject to change with 60 calendar days' written notice.<br>• Any overpayment resulting from a determination that benefits already paid were not payable under the terms of this coverage must be repaid by you or your estate within 30 days. |
| **Electronic Agreement** | If you apply for or vary the terms of your insurance coverage by way of an electronic agreement, such agreement shall be deemed to have been signed and/or delivered and to constitute a "writing" for the purpose of any law requiring the agreement to be signed. Any electronic agreement that is entered into or accepted by you, or in your name or purported to be entered into and accepted by you, will be considered to be binding upon you. |
| **Privacy & Confidentiality** | RBC Insurance Services Inc. and Canada Life recognize and respect the importance of privacy. When you apply for coverage, we establish a confidential file that contains your personal information. Information regarding the underwriting of the insurance, if any, and any claim will be held by the Insurer. Information regarding the administration and servicing of the insurance including insurance forms will be held by RBC Insurance Services Inc. and the Insurer. These files are kept in the offices of RBC Insurance Services Inc. and the Insurer or the offices of an organization authorized by RBC Insurance Services Inc. and Canada Life. You may exercise certain rights of access and rectification with respect to the information in your file by sending a request in writing to RBC Insurance Services Inc. or Canada Life to their respective addresses (see *Contact* Information). Access to your file will be limited to employees, representatives and service providers of the Insurer responsible for underwriting, servicing, administration, investigations and claims, and to employees of RBC Royal Bank and RBC Insurance Services Inc. responsible for servicing and administration, and any other person you authorize. The Insurer and RBC Insurance Services Inc. may use service providers located within or outside Canada. Your personal information may be subject to disclosure to those authorized under applicable law within or outside Canada. Personal information that we collect will be used by the Insurer for the purposes of determining your eligibility for coverage and administering the group benefits plan. This includes investigating and assessing claims, and creating and maintaining records concerning our relationship. For a copy of the Insurer's Privacy Guidelines, or if you have questions about the Insurer's personal information policies and practices (including with respect to service providers), write to Canada Life's Chief Compliance Officer at Chief_Compliance_Officer@canadalife.com or refer to www.canadalife.com.© |
| **Contact Information** | If you have any questions, call the Insurance Service Centre at 1 800 ROYAL 23 OR **1 800 769-2523**, weekdays, 8:00am to 10:00pm ET. By mail, RBC Insurance Services Inc., c/o Insurance Service Centre, P.O. Box 53, Postal Station A, Mississauga ON, L5A 2Y9. You can also find information online at www.rbcroyalbank.com. You may also contact The Canada Life Assurance Company at **1-800-554-5577** or by mail, 330 University Avenue, Toronto ON, M5G 1R8. |