

# ScotiaLife® Accidental Death Insurance Enrolment Form

Underwritten by Scotia Life Insurance Company

[scotielifinancial.com](http://scotielifinancial.com)

**IT'S SIMPLE TO ENROL:**     **1** Complete, sign and return this form to the address above.     *or*     **2** Call toll-free 1-800-387-9844 to speak with a representative.

**IMPORTANT:** Coverage is only available for Scotiabank customers, or spouses of Scotiabank customers, who are Canadian residents aged 18-74.

## 1. Information about you

First Name  Initial  Last Name   
 Street Address   
 City/Town  Province/Territory  Postal Code   
 Date of Birth  MM / DD / YYYY      Male      Female     Telephone Number

## 2. Information about your spouse (if enrolling)

First Name  Initial  Last Name   
 Date of Birth  MM / DD / YYYY      Male      Female

## 3. Your Beneficiary

Any Accidental Death Benefit Amount due to your death will be paid to the Beneficiary named below. If we have no validly designated Beneficiary, the benefit amount will be paid to your estate. No Beneficiary designation is allowed for any Insured Spouse or Dependant Child benefits, if applicable. These benefits will be paid to you, if living, otherwise to your estate.

First Name  Initial  Last Name   
 Beneficiary's relationship to you

## 4. Accidental Death Coverage Amount and Optional Critical Injury

### Complete Section A for Accidental Coverage

**Note:** If you are enrolling your spouse, you must have the same Accidental Death coverage amount for you and your spouse. Tick only one box below.

#### A. Accidental Death - Monthly Premium

Accidental Death Coverage Amount	You	You and your spouse
\$25,000	<input type="checkbox"/> \$2.92	<input type="checkbox"/> \$4.38
\$50,000	<input type="checkbox"/> \$5.83	<input type="checkbox"/> \$8.75
\$100,000	<input type="checkbox"/> \$11.67	<input type="checkbox"/> \$17.50
\$150,000	<input type="checkbox"/> \$17.50	<input type="checkbox"/> \$26.25
\$200,000	<input type="checkbox"/> \$23.34	<input type="checkbox"/> \$35.00
\$250,000	<input type="checkbox"/> \$29.17	<input type="checkbox"/> \$43.75
\$300,000	<input type="checkbox"/> \$35.01	<input type="checkbox"/> \$52.52
\$350,000	<input type="checkbox"/> \$40.85	<input type="checkbox"/> \$61.28

### Complete Section B for Critical Injury coverage

**Note:** The optional \$100,000 Critical Injury benefit is **only available when you enrol for at least \$25,000 of Accidental Death Insurance**, and provides a benefit for Loss of Limb(s), Paralysis of Limb(s), Loss of Sight, Loss of Hearing, or Loss of Speech due to an accident.

Tick the box below for Critical Injury coverage. If you selected Accidental Death coverage for you and your spouse in Section A, selecting the Critical Injury benefit below covers both you and your spouse.

#### B. Critical Injury coverage

Additional \$4.95 per month when **you enrol** for at least \$25,000 Accidental Death coverage; or

Additional \$7.95 per month when **you and your spouse enrol** for at least \$25,000 Accidental Death coverage.

**IMPORTANT :** All coverage reduces by 50% at age 75. Coverage ends at age 80. (*Sales tax will be added where applicable.*)

### Complete Section C for coverage for your Dependant Children

**Note:** The optional \$25,000 Accidental Death and Critical Injury benefits for Dependant Children are only available when **you enrol for at least \$25,000 of Accidental Death Insurance**. Tick the boxes below for Accidental Death coverage, Critical Injury coverage or both for all your Dependant Children.

#### C. Dependant Child(ren) coverage

\$25,000 Accidental Death	<input type="checkbox"/> \$4.95 per month
\$25,000 Critical Injury	<input type="checkbox"/> \$4.95 per month

Eldest Dependant Child's Date of Birth  MM / DD / YYYY

**Your Enrolment Form must be fully completed and signed in order to be processed.**

**Please complete the reverse.**

## Confirm you understand the coverage terms

I hereby enrol for *Scotiabank* Accidental Death Insurance issued by Scotia Life Insurance Company ("Scotiabank") to The Bank of Nova Scotia ("Scotiabank"). I understand and agree: (i) that any coverage I receive based on this Enrolment Form will become effective on the Certificate Date specified in the Certificate Schedule that will be sent to me with my Certificate of Insurance, provided the first premium is paid by that date; (ii) that any false statements, material misrepresentations or omissions in this Enrolment Form may cause coverage to be null and void; (iii) that the principal provisions of coverage are described in the Certificate of Insurance, but coverage is ultimately governed by the provisions of the *Scotiabank* Accidental Death Insurance Group Policy, which can be examined by contacting the head office of Scotia Life; (iv) that in order to administer coverage, Scotia Life can release my personal information to third party administrators (some of which may be located outside of Canada and subject to local law); (v) to be bound by the terms of the Scotiabank Group Privacy Agreement, a copy of which will be sent to me with my Certificate of Insurance and which is also available at [www.scotiabank.com](http://www.scotiabank.com); and (vi) that if I wish to terminate my insurance coverage, I must notify Scotia Life by calling 1-800-387-9844.

Scotiabank Accidental Death Insurance has some important limitations and exclusions. For example, no benefit will be payable if a claim is associated with: any naturally occurring condition; or suicide or an intentionally self-inflicted injury; or the misuse of drugs or alcohol as defined in the Certificate of Insurance. You should also know that benefits reduce by 50% at age 75, and terminate at age 80. A full list of exclusions and limitations is in the package you will receive in the mail. Please review the contents of the package carefully.

## Pre-Authorized Debit (PAD) Agreement

I acknowledge and agree that any withdrawals pursuant to this Pre-Authorized Debit (PAD) Agreement are for personal services, and that the amount of the monthly premium (including applicable taxes) collected through this Agreement may vary (e.g., sales tax changes). I understand and agree that I will receive confirmation of my PAD at least five (5) days in advance of the first premium debit. I understand and agree that if I make changes to the original PAD Agreement, or if there is a sales tax increase, written notification may not be provided by Scotia Life Insurance Company ("Scotiabank") unless explicitly requested by me. I agree to waive the requirement that Scotia Life notifies me of any payments, after the first payment, whether the amount of the monthly premium is changed or not. This Agreement will cancel automatically if Scotia Life is unable to make a withdrawal from my account.

I understand and agree that when I give Scotia Life this authorization to debit my account, it is the same as delivering a notice to my financial institution where I maintain my account. My financial institution will debit the account I specify in the same manner as if I had given written instructions. The financial institution will not check if the debit was in accordance with this authorization as a condition of honouring the debit.

I acknowledge that this authorization is to remain in effect until Scotia Life has received written notification from me of its change or termination. I must provide Scotia Life with notification at least thirty (30) days before the next debit is scheduled at the address provided below or by calling toll-free 1-800-387-9844. I will provide Scotia Life with another authorization or Agreement if required.

I acknowledge that Scotia Life may not assign this authorization to another company or person to permit them to debit my account for these payments without providing at least ten (10) days prior written notice to me.

I acknowledge that I have certain recourse rights if any debit does not comply with this Agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD Agreement. To obtain more information on my recourse rights or to obtain a sample PAD cancellation form, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). I may contact Scotia Life to provide notices, make inquiries, obtain information or seek recourse with respect to any debits under this Agreement at the address provided below or by calling toll-free 1-800-387-9844.

Scotiabank Insurance Company  
100 Yonge St., Suite 400  
Toronto, Ontario M5H 1H1

### Payment Method

If paying by pre-authorized chequing or savings account, I acknowledge and agree that I have received, read and fully understand the content of the Pre-Authorized Debit (PAD) Agreement found at the top of this enrolment form. I agree to all the terms and conditions of the Agreement and I authorize and direct Scotia Life to automatically collect the monthly premiums (including applicable taxes) for coverage through a Pre-Authorized Debit (PAD) through the account I have indicated below. I declare that I have the right to authorize payment of premiums from that account.

### PLEASE ATTACH A VOID CHEQUE.

Transit (Branch) Number:  Bank Number:  Account number:

or, if paying by pre-authorized credit card account, I authorize and direct Scotia Life to automatically collect the monthly premiums for my coverage by debiting the account indicated below. I declare that I have the right to authorize the payment of premiums from that account.

Scotiabank Credit Card Number:  Expiry Date:

In order to allow for uninterrupted insurance coverage, I authorize and direct Scotiabank, if applicable, to release to Scotia Life and its affiliates any changes in my name, address or telephone number or the account number of the Scotiabank account from which my premiums are debited. I declare that: (i) the information about me (including age and date of birth) stated in the Enrolment Form is complete and accurate; (ii) if I have applied for spousal coverage, the information about my spouse (including age and date of birth) is completely and accurately stated in this Enrolment Form, I have obtained my spouse's consent to disclose such information to Scotia Life and my spouse has read, understood and agrees to the terms of the Scotiabank Group Privacy Agreement, and (iii) I have the right to authorize the payment of premiums from the above-noted bank or credit card account.

X \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Your signature Month Day Year

We would like to inform you of all the worthwhile benefits available to you as a Scotia Life customer. However, if you would rather not receive mailings, telephone calls or e-mails about Scotiabank Financial products and services, please call 1-800-387-9844.