

# ATB FINANCIAL<sup>®</sup> SMALL BUSINESS MASTERCARD<sup>®</sup> APPLICATION FORM

For use by customers with total business lending requests of **no more than \$10,000** (otherwise please contact your nearest branch). To apply, call 1-888-ATB-5678, or fill out this application and mail to PO Box 2380 STN M, Calgary, AB, T2P 9Z9, or fax to 1-877-541-4206, or visit [www.atb.com](http://www.atb.com)

## Which card would you like to apply for?

- Alberta BusinessCard MasterCard\*
  Alberta Agri-Industry BusinessCard MasterCard\*
  Alberta Gold Rewards BusinessCard MasterCard\*
  Alberta Gold Ag-Rewards BusinessCard MasterCard\*

Transit# \_\_\_\_\_ PMI# \_\_\_\_\_

## Tell Us About the Business Owners (the "Owner")

First Name (please print) \_\_\_\_\_ Initial(s) \_\_\_\_\_ Last Name (please print) \_\_\_\_\_ Date of Birth \_\_\_\_\_ S.I.N. (optional) \_\_\_\_\_  
 Home Address \_\_\_\_\_ City/Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ How Long at Current Address? \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Previous address if less than 2 years at current address \_\_\_\_\_

## Tell Us About the Owner's Finances

ATB Customer? YES  NO  If Yes, ATB Customer # \_\_\_\_\_ Which services do you have?  Savings  Chequing  Loans  Other \_\_\_\_\_ If No, Name of Financial Institution \_\_\_\_\_  
 Have you ever declared Bankruptcy?  Yes  No  
 Own  Rent  Live with Relative  Other Cash & Investments \_\_\_\_\_ Monthly Rent/Mortgage \_\_\_\_\_

## Tell Us About the Owner's Employment

Employer's Name \_\_\_\_\_ Work Phone Number \_\_\_\_\_ How Long? \_\_\_\_\_  
 Gross personal monthly income (or equivalent) from employment, business and all other income \_\_\_\_\_

## Tell Us About the Business (the "Business")

ATB Business Customer?  YES  NO If Yes, ATB Customer # \_\_\_\_\_  
 Legal Name of Business (name of individual unless a corporation or partnership) \_\_\_\_\_ How long in business? \_\_\_\_\_ Business Telephone \_\_\_\_\_  
 Business Operating Name (to appear on the MasterCard, if different from above - Maximum 21) \_\_\_\_\_  
 Business Address \_\_\_\_\_ City/Town \_\_\_\_\_ Type of Business (check one only)  Sole Proprietorship  Partnership  Corporation  
 Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Business Fax Number \_\_\_\_\_  
 Nature of Business:  Professional Services  Manufacturing  Retail/Wholesale  Financial/Real Estate  Agriculture/Agribusiness  Construction  Other  
 Address to send statements:  Home  Business Has the Business ever declared bankruptcy?  Yes  No  
 Authorized Business Contact \_\_\_\_\_ Password (mandatory/max 8 characters) \_\_\_\_\_ Do you need cheques?  Yes  No Business Credit Limit requested (\$10,000 max) \_\_\_\_\_

## Tell Us Who in Your Business Requires a Card

Please identify each person who will be issued a Card below and select one of the following account setup options. If you wish to limit cash access to a Cardholder, please specify a Cash Advance Limit (Note: Cash Advance Limit cannot exceed the lesser of the Business Credit Limit or any applicable Card Limit). If no option is selected your account will be set up on an Unrestricted Basis.

Unrestricted Basis – Each Cardholder will have access to the entire authorized Business Credit Limit. Card Limits do not apply.

Restricted Basis - Each Cardholder will have access only to their authorized Card Limit. Once the Card Limit has been reached, the Cardholder will not be able to access their Cardholder Account until the next statement date provided payment is received. Please note: Total of all Card Limits must equal Business Credit Limit.

If the Restricted Basis is selected, please complete the following:

Owner (name to appear on card) First Name Initial Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Additional Cardholder (name to appear on card) First Name Initial Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Additional Cardholder (name to appear on card) First Name Initial Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Cash Advance Limit (Optional) \_\_\_\_\_  
 Cash Advance Limit (Optional) \_\_\_\_\_  
 Cash Advance Limit (Optional) \_\_\_\_\_

Card Limit \_\_\_\_\_  
 Card Limit \_\_\_\_\_  
 Card Limit \_\_\_\_\_

## Accidental Death & Dismemberment Benefits (Alberta Agri-Industry BusinessCard® Applicants Only)

Accidental Death & Dismemberment Benefits (underwritten by American Bankers Insurance Company of Florida). In the event of accidental death, your beneficiary will receive \$10,000. In the event of accidental dismemberment, you will receive up to \$10,000 in benefits. For further information, or in the event of a claim, please contact Direct Marketing Centre at 1-800-667-5394. Please provide the information requested below. You will receive the Certificate of Insurance containing important details, exclusions and limitations for the above noted insurance and assistance programs when you receive your card.

Owner (First Name Initial Last Name)	Date of Birth	Beneficiary/Relationship
Additional Cardholder (First Name Initial Last Name)	Date of Birth	Beneficiary/Relationship
Additional Cardholder (First Name Initial Last Name)	Date of Birth	Beneficiary/Relationship

## Life Insurance

Do you, the Owner, want to apply for Life Protection Insurance if you should die or suffer loss through no fault of your own?

- Yes if checked, complete application for ATB Financial Life Protection Insurance  
 No if checked, you certify that you have been given the opportunity to be insured under a group policy of ATB Financial and have declined.

## Agreement and Signature

### Terms and Conditions

By signing below the Business and the Owner, (or each Owner, if another Owner is shown on another application form):

- certify that the information provided by the Business and each Owner to Alberta Treasury Branches ("ATB") is correct and complete, and acknowledge that ATB is relying on this information in extending credit;
- request that an Alberta BusinessCard MasterCard®, Alberta Agri-Industry BusinessCard, Alberta Gold Rewards BusinessCard or a Alberta Gold Ag-Rewards BusinessCard account ("Card Account") be opened in the name of Business and that a Card be issued to the Business and each Owner to access the Card Account.
- agree to be bound by the terms of the ATB Financial MasterCard® Business Cardholder Agreement ("Agreement"), to be sent by ATB to the Business and/or Owner with the Card(s), and agree that any use of any Card will constitute acceptance of the terms and conditions of the Agreement;
- agree that the Business and each Owner will be jointly and severally liable for all amounts charged to the Card Account and for all indebtedness to ATB arising pursuant to the Agreement, no matter how it is incurred, or who has incurred it and even though account statements may be sent only to any one of the Business, the Owner, or Cardholder.
- consent to ATB Financial collecting Personal Information (as defined in Alberta's Personal Information Protection Act) about each Owner from each Owner as well as from any third party, including any credit reporting agency, other financial institution, and other credit grantor;

- agree to ATB using such Personal Information to assess each Owner's and the Business' initial and on-going eligibility for this ATB product; and
- agree that this application may be signed and transmitted by facsimile and, in such case, will be deemed to be validly executed and as effective as if signed and delivered as an original document.
- agree that the password assigned to the Card Account will be used for all non-financial changes and all reward redemption activities (on qualified Card Accounts) associated with the account. Any person who is provided the password will be deemed to be acting on behalf of, and as agent for, the Owner, and will have the full authority with respect to the redemption of Points earned on the Card Account if they use the password (regardless of whether that person is a Cardholder, the Business or the Owner), and even if the Points are redeemed for the benefit of that person, a Cardholder or others;
- if this application is for either the ATB Financial Alberta Gold Rewards BusinessCard or the Alberta Gold Ag-Rewards BusinessCard agree (i) to be bound by the Alberta Gold Rewards Business Terms and Conditions, a copy of which will be sent upon approval or is available at [www.atbmybusinessrewards.com](http://www.atbmybusinessrewards.com); (ii) that only the Owner (or those persons who are provided the password) may redeem Points even if the Business, a Cardholder or another person or entity has paid any Program fees; and (iii) that the Business is not considered a participant in the Program and ATB has no obligation to the Business in respect of the Program or Points;
- Acknowledge that no one else has a financial interest in the Card Account and the proceeds of the Card Account will not be used by or on behalf of any third party

**Note:** Please ensure application is signed twice, once in the Signature of Business area and once in the Signature of Owner area.

### Signature of Business (Required):

(each officer of the Business signing below declares that he/she is authorized to sign on behalf of and bind the Business)

Signature of officer, sole proprietor or partner	Date (DD/MM/YY)	Signature of officer, sole proprietor or partner	Date (DD/MM/YY)
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### Signature of Owner (Required):

Signature	Date (DD/MM/YY)	Inquiries about an account, interest rates grace periods, the amount of any non-interest finance charges and the date as of which this information is current can be made toll free by calling 1-866-541-4779.
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## Let Us Make Your Payment Arrangement For You

Please complete and sign the following section.

Amount to be debited from your account each month (select one)

- Minimum Payment Due**  
(3% of your account Balance - Alberta BusinessCard, Alberta Gold Rewards BusinessCard, Alberta Gold Ag-Rewards BusinessCard; 1% of your account balance - Agri-Industry BusinessCard or \$10, whichever greater).

- Full Balance Due**

Account Number:     219       -

- Pre-Set Fixed Amount of**  
\$ .00. (min. \$100.00)

If this amount is greater than the outstanding balance, then only the outstanding balance will be deducted from your account. If your minimum payment due in a particular month is greater than the pre-set amount, you must submit the difference by the due date.

Name in which the account stands, as shown on ATB records:\*

_____ Name	_____ Signature
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\* Note: If this is a joint account, I certify that no other signatures are required to withdraw funds from the account



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\* ATB Financial is a trade name/registered trademark of Alberta Treasury Branches. MasterPurchase™, MasterRental™, MasterTrip™, MasterAssist™, MasterRoadAssist™ and MasterCard Global Service™ are trademarks of MasterCard International Inc.

**ATB Financial**®  
Where there's a way



This plan is underwritten by Sun Life Assurance Company of Canada (Sun Life) under contract no. 51014 issued to Alberta Treasury Branches (ATB).

**Eligibility** To apply for insurance, you must be at least age 18 and under age 75, and have been accepted by ATB for a credit card.

**Coverage** Life and Accidental Dismemberment and Permanent Loss of Use Insurance is available up to your credit limit to a maximum of \$100,000.

If you die, we will pay ATB, upon approval of a claim, the amount of your insurance. Any amount not required to settle the credit obligations will be paid to your beneficiary. If no named beneficiary exists at the time of your death, the balance of the amount will be paid to your estate.

If you accidentally suffer a loss which results in accidental dismemberment or permanent loss of use of a limb, we will pay ATB, upon approval of a claim, the amount of your insurance as described on your certificate. Any amount not required to settle the credit obligations will be paid to you.

**Limitations** Benefits described may be subject to limitations such as suicide, self-inflicted injuries, participation in a criminal offence as described on your Certificate of Insurance.

**Cost** The amount of insurance is the insured part of the credit limit up to a maximum amount of \$100,000.

The monthly premium for life and accidental dismemberment and permanent loss of use insurance is based on your age\* at the date the premium is collected and the amount of insurance elected.

**Table of monthly premium rates per \$1,000 of insurance**

Age	Single	Additional Joint
under 30	\$0.06	\$0.02
30-34	\$0.10	\$0.04
35-39	\$0.13	\$0.05
40-44	\$0.18	\$0.07
45-49	\$0.29	\$0.12
50-54	\$0.40	\$0.16
55-59	\$0.48	\$0.19
60-64	\$0.89	\$0.36
65-69	\$1.20	\$0.48
70-74	\$2.40	\$0.96

\*Premium rates are based on the age of the older card holder and are subject to change.

## Application For ATB Financial Small Business MasterCard Life Protection Insurance (Optional)

I understand that a "no" answer means I am automatically approved and will result in Sun Life requiring no further evidence of health from me. I understand that a "yes" answer will automatically result in Sun Life declining my application. I agree that, if this is a joint application and Sun Life declines one of us, the application will be treated as a single application for the card holder for whom insurance coverage is approved.

**Revocable beneficiary designation** (for any proceeds payable in excess of your credit card obligations to ATB) last name, first name, relationship

**Applicant 1** \_\_\_\_\_

**Applicant 2** \_\_\_\_\_

**Let us make your payment arrangement for you** For your convenience, insurance premiums will be collected automatically from your ATB Financial deposit account.

Transit: 0 \_\_\_\_\_ 9-219 Account No. \_\_\_\_\_

**Your declaration** You have read and understood the Application and are applying for insurance under Policy 51014. Alberta Treasury Branches can use and exchange with Sun Life Assurance Company of Canada, your personal information relating to the application for the purpose of administering your coverage under Group Policy No. 51014. The personal information that you give when you apply for the insurance will allow the Insurer to process the application for insurance coverage. Sun Life Assurance Company of Canada, its agents and service providers can collect, use and exchange information needed for underwriting, administering, and adjudicating claims under Group Policy No. 51014 with any person or organization who has relevant information about you in connection with this application, including medical

**Coverage begins** on the later of the date you sign the application for insurance, provided ATB receives your signed application, and the date ATB approves you for the credit card.

**When coverage ends** Unless you cancel this coverage, you are insured as long as your credit card remains in force, your premiums are paid and you are under age 75.

**How to make a claim** Claims forms are available at any ATB branch.

**Notice** The Creditor is Alberta Treasury Branches. Alberta Treasury Branches cannot give advice or assistance respecting the insurance provided herein or insurance coverage for your circumstances generally.

**General Information** Alberta Treasury Branches receives compensation from Sun Life for processing and administering your group contract. If you have any questions, you may contact Sun Life at 227 King St. S., P.O. Box 638 Station Waterloo, Waterloo ON N2J 4B8 or at 1-877-271-8713.

New Coverage \$ \_\_\_\_\_ Increased Coverage \$ \_\_\_\_\_

**Applicant 1** \_\_\_\_\_  
last name first name

**Date of birth** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
dd mm yyyy

**Applicant 2** \_\_\_\_\_  
last name first name

**Date of birth** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
dd mm yyyy

**Health question** In the past 3 years, have you received treatment for or been diagnosed as having: AIDS (Acquired Immune Deficiency Syndrome), ARC (AIDS Related Complex), or HIV (Human Immune Deficiency Virus), heart disease (including Coronary Artery Disease (CAD)), liver disease, lung disease, kidney disease, stroke (including Transient Ischemic Attack (TIA)), cancer, degenerative neurological disorder, diabetes or alcohol or drug abuse?

**Applicant 1**  yes  no **Applicant 2**  yes  no

practitioners and institutions, investigative agencies, other insurers and reinsurers. A photocopy of this authorization will be as valid as the original. This insurance is optional. The information in this application is true and complete. Any concealment, misrepresentation or false declaration concerning this application may result in your insurance coverage under Coverage 51014 being void and no benefit payable. The Certificate of Insurance describes the important terms and conditions of the insurance under the Coverage 51014, including those terms and conditions which may limit or exclude coverage. No employee of Alberta Treasury Branches has the authority to waive or modify any provisions of this application, the Certificate of Insurance or the Group Policy 51014.

**Applicant 1** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant 2** \_\_\_\_\_ **Date** \_\_\_\_\_

**Waiver of Insurance for eligible card holders** I hereby certify that I have been given the opportunity to participate in this plan offered with the credit card and, after careful consideration, have decided that I do NOT want to take advantage of this opportunity at this time.

**Applicant 1** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant 2** \_\_\_\_\_ **Date** \_\_\_\_\_

Once your application has been approved, you will receive the certificate of insurance containing important details, exclusions and limitations for the noted insurance and assistance programs. Life Protection Insurance Plan is underwritten by Sun Life Assurance Company of Canada (Sun Life)