

# MORE REWARDS, MORE CHOICE

leisure  
electronics  
house & home  
gift certificates  
travel & accessories  
tools & outdoor equipment  
office essentials

## ALBERTA GOLD AG-REWARDS BUSINESSCARD

Apply today for the credit card that was built specifically for the Alberta agriculture industry. On top of receiving the purchasing power you need to run your business, you get access to the reward program that rewards you and your business. The Alberta Gold Ag-Rewards BusinessCard® allows you to consolidate your operating expenses and simplify your record keeping while allowing you to earn valuable rewards points that can be redeemed for a variety of travel and merchandise rewards.

### The Alberta Gold Ag-Rewards BusinessCard® offers you the following benefits:

- Earn 1.5 Reward Points for every \$1 spent on the card
- Redeem points for travel, electronics, gift certificates and more
- Enjoy access to a credit limit of up to \$100,000\*
- Included benefits:
  - Purchase protection
  - Trip protection and assistance (lost document & ticket replacement and more...)
  - Car rental insurance coverage
  - Roadside assistance
  - Secure online purchasing
  - International card assistance hotline
  - Business cheques (optional)
  - Life protection insurance (optional)\*\*
  - Automatic discounts of up to 20% at **AVIS**
  - 18.9% annual interest rate
  - Low annual fee of \$99
  - Supplementary cards: \$49

1-888-ATB-5678 atb.com



**ATB Financial**<sup>®</sup>  
Where there's a way



“YOUR BUSINESS”

Business Name (if applicable)

[Business Name input field]

Mailing Address (if different from above)

[Mailing Address input field]

Province

[Province input field]

Postal Code

[Postal Code input field]

Telephone (if different from above)

[Telephone input field]

Legal Land Location (home quarter)

[Legal Land Location input field]

Years Operating

[Years Operating input field]

Type of Operation (primary source of income)

Crop  Beef  Hogs  Poultry  Other (specify)  \_\_\_\_\_

Business Structure

Sole Proprietorship  Partnership  \_\_\_\_\_% owned Incorporated  \_\_\_\_\_% owned

Main Financial Institution

[Main Financial Institution input field]

Branch Transit#

[Branch Transit# input field]

Account Number

[Account Number input field]

FIRST BORROWER (“OWNER”)

First Name

[First Name input field]

Initial

[Initial input field]

Last Name

[Last Name input field]

Date of Birth

[Date of Birth input field]

S.I.N. (optional)

[S.I.N. input field]

Telephone

[Telephone input field]

Mailing Address

[Mailing Address input field]

Province

[Province input field]

Postal Code

[Postal Code input field]

Off-Farm Employer?

[Off-Farm Employer? input field]

“SECONDARY BORROWER/SPOUSE”

First Name

[First Name input field]

Initial

[Initial input field]

Last Name

[Last Name input field]

Date of Birth

[Date of Birth input field]

S.I.N. (optional)

[S.I.N. input field]

Telephone (if different from above)

[Telephone input field]

Mailing Address (if different from above)

[Mailing Address input field]

Province

[Province input field]

Postal Code

[Postal Code input field]

Off-Farm Employer?

[Off-Farm Employer? input field]

DISCLOSURE

“You” and “Your” refers to the “Owner” and the “Secondary Borrower/Spouse” if applicable.

Have you or your Business ever been party to any claim or lawsuit?

Yes  No

Have you or your Business ever been in receivership?

Yes  No

Have you or your Business ever declared bankruptcy?

Yes  No

Are you or your Business non-compliant with any environmental regulations?

Yes  No

Do you or your Business currently owe any back taxes?

Yes  No  If yes, how much? [input field]

Do you or your Business guarantee the loans or financial commitments of anyone?

Yes  No  If yes, how much? [input field]

FINANCES OF OWNER (IF SOLE PROPRIETORSHIP OR PARTNERSHIP) OR BUSINESS (IF INCORPORATED)

Total Gross Annual Sales

Last Fiscal Year \$ [input field]

Previous Fiscal Year

\$ [input field]

Net After Tax Profit/Loss

Last Fiscal Year \$ [input field]

Previous Fiscal Year

\$ [input field]

Total Off-Farm Income

Last Fiscal Year \$ [input field]

Previous Fiscal Year

\$ [input field]

**ASSETS**

Cash & Marketable Securities	\$	<input type="text"/>
Crop & Feed	\$	<input type="text"/>
Machinery	\$	<input type="text"/>
Receivables	\$	<input type="text"/>
Livestock	\$	<input type="text"/>
Real Estate (Market Value)	\$	<input type="text"/>
Other Assets	\$	<input type="text"/>
Total Assets	\$	<input type="text"/>

**LIABILITIES**

Accounts Payable	\$	<input type="text"/>
Lines of Credit	\$	<input type="text"/>
Outstanding Credit Card Balances	\$	<input type="text"/>
Term Loans	\$	<input type="text"/>
Other	\$	<input type="text"/>
Total Liabilities	\$	<input type="text"/>
Net Worth (Total Assets - Total Liabilities)	\$	<input type="text"/>

Business Credit Limit Requested \$5,000 - \$100,000  
\$

Business name to appear on card/statement (max. 21 characters)

Authorized Business Contact

Password (mandatory)

**TELL US WHO IN YOUR AGRICULTURE 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cash Advance Limit (Optional)

Card Limit

Additional Cardholder (name to appear on card)	First Name	Initial	Last Name	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cash Advance Limit (Optional)

Card Limit

Additional Cardholder (name to appear on card)	First Name	Initial	Last Name	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cash Advance Limit (Optional)

Card Limit



## Life Protection Insurance (Optional)

**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.

**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

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 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 \_\_\_\_\_