

**The benefits of an operating loan in the convenience of a credit card.**

## APPLICATION FORM

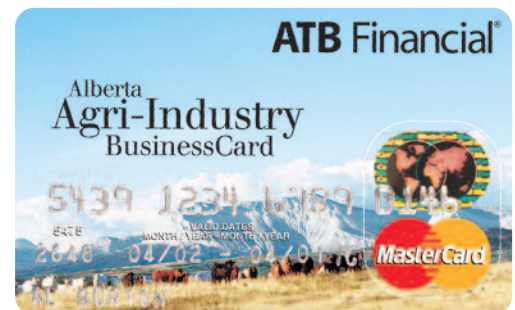
You're about to apply for the card specifically created for the Alberta agriculture industry. Once you're approved, you'll receive immediate access to credit and increased repayment flexibility. The Alberta Agri-Industry BusinessCard MasterCard will put time back on your side and help improve your day-to-day operations.

- Instant access to credit up to \$100,000†
- Low personalized interest rate
- Low minimum payment of 1% of balance
- Cash advances up to \$1,000
- 21 day grace period
- Business Cheques (optional)
- Simplified record keeping
- \$10,000 in Accidental Death Benefits
- Up to \$10,000 in Dismemberment Benefits
- Life Protection Insurance (optional)
- Up to 20% discount on car rentals at **AVIS**
- MasterCard Benefits:
- Master RoadAssist™, MasterCard Global Service™, MasterCard SecureCode™
- Low annual fee
- For limits of \$50,000 or less: \$65,
- For limits \$50,001 - \$100,000: \$130
- Supplementary cards: \$35 each

1-888-ATB-5678 atb.com

\* On approval of credit. \*\* Rate based on ATB prime rate and will vary according to the financial merit of the applicant. \*\*\* Accidental Death & Dismemberment coverage is underwritten by Allianz Life Insurance Company of North America. \*\*\*\* Life Protection Insurance Plan is underwritten by Sun Life Assurance Company of Canada (Sun Life)

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



# ALBERTA AGRI-INDUSTRY BUSINESSCARD MASTERCARD APPLICATION

Branch/Application For Credit # \_\_\_\_\_

Branch Name \_\_\_\_\_ PMI # \_\_\_\_\_ Branch Officer Responsible \_\_\_\_\_ Transit # \_\_\_\_\_

## "YOUR BUSINESS"

Business Name (if applicable)

Mailing Address (if different from above)

Province

Postal Code

Telephone (if different from above)

Legal Land Location (home quarter)

Years Operating

Type of Operation (primary source of income)

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

Business Structure

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

Main Financial Institution

Branch Transit#

Account Number

## FIRST BORROWER ("OWNER")

First Name

Initial

Last Name

Date of Birth

S.I.N. (optional)

Telephone

Mailing Address

Province

Postal Code

Off-Farm Employer?

## "SECONDARY BORROWER/SPOUSE"

First Name

Initial

Last Name

Date of Birth

S.I.N. (optional)

Telephone (if different from above)

Mailing Address (if different from above)

Province

Postal Code

Off-Farm Employer?

## 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?

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

Yes  No  If yes, how much?

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

Total Gross Annual Sales

Last Fiscal Year

\$

Previous Fiscal Year

\$

Net After Tax Profit/Loss

Last Fiscal Year

\$

Previous Fiscal Year

\$

Total Off-Farm Income

Last Fiscal Year

\$

Previous Fiscal Year

\$





# APPLICATION FOR ATB FINANCIAL™ AGRI-INDUSTRY BUSINESSCARD MASTERCARD®



## 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 \_\_\_\_\_