

MORE REWARDS, MORE CHOICE

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

ALBERTA GOLD BUSINESSCARD

Apply today for the credit card that was built specifically for Alberta businesses. On top of receiving the purchasing power you need to run your business, you get exclusive access to the reward program that rewards you and your business. The Alberta Gold 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 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 to suit your needs*
- Included benefits:
 - Purchase protection
 - Trip protection (lost document & ticket replacement)
 - 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

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® More people. More branches. More face-to-face. is a registered trademark of Alberta Treasury Branches.



ATB Financial®
Where there's a way



ALBERTA GOLD REWARDS BUSINESSCARD® MASTERCARD® APPLICATION

Branch/Application For Credit # _____

Branch Name _____ PMI # _____ Branch Officer Responsible _____ Transit # _____

TELL US ABOUT YOUR BUSINESS (THE "BUSINESS")

Business name under which tax returns are filed

Address

Proprietorship Corporation
 Partnership Other(Specify)

City

Province

Postal Code

Phone

Fax

Nature of business

In business since

No. of employees

Annual sales last fiscal year

Main Financial Institution

Address

Does your business currently have a borrowing facility? Yes No

From main F/I? Yes No

If not from Main Financial Institution, indicate bank name and address

Facility type Amount/Limit Balance Monthly payments

Facility type Amount/Limit Balance Monthly payments

Is your business an endorser, guarantor or co-signor for any third party obligations?

Yes No
If yes, amount and details

Does your business have any potential liability under any outstanding lawsuit?

Yes No
If yes, amount and details

Is your business a party to any legal claim?

Yes No
If yes, amount and details

Does your business currently owe any back taxes (income, GST/PST, Property, source deductions or business taxes)?

Yes No
If yes, amount and details

Has your business ever been in receivership or declared bankruptcy?

Yes No

BUSINESS FINANCIAL INFORMATION

	Last fiscal year	Previous fiscal year		Last fiscal year	Previous fiscal year
Total revenue	\$ <input type="text"/>	\$ <input type="text"/>	Total current assets	\$ <input type="text"/>	\$ <input type="text"/>
Net profit / (Loss) after tax	\$ <input type="text"/>	\$ <input type="text"/>	Total current liabilities	\$ <input type="text"/>	\$ <input type="text"/>
Amortization/depletion	\$ <input type="text"/>	\$ <input type="text"/>	Total assets	\$ <input type="text"/>	\$ <input type="text"/>
Interest expense	\$ <input type="text"/>	\$ <input type="text"/>	Total liabilities	\$ <input type="text"/>	\$ <input type="text"/>
Dividends/drawings	\$ <input type="text"/>	\$ <input type="text"/>	Shareholder's loans	\$ <input type="text"/>	\$ <input type="text"/>
Business yr. end (eg. May)	<input type="text"/>		Business net worth	\$ <input type="text"/>	\$ <input type="text"/>

TELL US ABOUT YOUR PERSONAL EMPLOYMENT/SOURCES OF INCOME (THE "OWNER")

First name Initial Last name Date of birth S.I.N.(optional) No. of dependents excluding spouse

Present address

Apt. number

Home phone

City

Province

Postal Code

Time at this address

Years Months

Own Rent

Other (Specify)

Monthly rent/mortgage

Owned this Business % of ownership

Gross monthly income

Other current occupation

Gross monthly income

How long?

Other current employer's name

Other current employer's address

Previous occupation & employer's name (if at other current job less than 2 yrs.)

TELL US ABOUT YOUR PERSONAL FINANCES (THE "OWNER")

House mortgaged with Property title registered to Mortgage Renewal M M Y Y

Main Financial Institution and address Accounts: Chequing Loan Savings

Assets	Description	Balance/Value	Liabilities	Description/Lending Institution	Monthly Payment	Balance
Residence	<input type="text"/>	\$ <input type="text"/>	Mortgage	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Bank accounts	<input type="text"/>	\$ <input type="text"/>	Bank loan	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Car (make & year)	<input type="text"/>	\$ <input type="text"/>	Car loan	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
RSP	<input type="text"/>	\$ <input type="text"/>	Credit card	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Real estate	<input type="text"/>	\$ <input type="text"/>	Others (Specify)	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other investments (Specify)	<input type="text"/>	\$ <input type="text"/>				
		Total assets			Total liabilities	\$ <input type="text"/>
		\$ <input type="text"/>	Personal net worth (Total assets-Total liabilities)		\$ <input type="text"/>	

Have you ever declared bankruptcy? Yes No

Are you an endorser, guarantor or co-signor for any third party obligation? Yes No *If yes, amount and details*

Business Credit Limit Requested \$

Authorized Business Contact

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

Password (mandatory)

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

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 _____