

American Bankers Life Assurance Company of Florida
Group Policy: ATBA0205

This Certificate of Insurance contains information about your insurance. Please read it carefully and keep it in a safe place. Refer to the definitions section below or to the applicable description of benefits and the paragraph below for the meanings of all capitalized terms.

The coverage outlined in this Certificate of Insurance is effective as of February 1, 2005, and is provided to all eligible Alberta Agri-industry BusinessCard MasterCard Cardholders and, where specified, their eligible Spouses by American Bankers Life Assurance Company of Florida (referred to as the "Insurer") under Group Policy number ATBA0205 (hereinafter referred to as "the Policy") issued by the Insurer to Alberta Treasury Branches operating under the name "ATB Financial" (hereinafter referred to as the "Policyholder").

The terms, conditions and provisions of the Policy are summarized in this Certificate, which is incorporated into, and forms part of the Policy. All benefits are subject in every respect to the Policy that alone constitutes the agreement under which benefits will be provided. You or a person making a claim under this Certificate of Insurance may request a copy of the Policy and/or a copy of your application for this insurance (if applicable) by writing to the Insurer at the address shown below.

Claims payment and administrative services under this Policy are arranged by the Insurer.

American Bankers Life Assurance Company of Florida – Canadian Head Office is located at 5000 Yonge Street, Suite 2000, Toronto, Ontario M2N 7E9.

Definitions

Accident means a sudden, unexpected and unforeseeable cause of injury from an external source.

Accidental Bodily Injury means bodily injury caused directly by an Accident occurring while the insurance evidenced by this Certificate of Insurance is in force, which results within three hundred and sixty-five (365) days after the date of the Accident, directly in any of the losses to which the insurance applies, and is sudden, unforeseen, unexpected and independent of any disease, bodily infirmity, bodily malfunction or any other cause.

Account means Your Alberta Agri-Industry BusinessCard MasterCard account which is in Good Standing with the Policyholder.

Administrator means the Insurer and/or the service provider(s) arranged by the Insurer to provide claims payment and administrative services under the Policy.

Alberta Agri-Industry BusinessCard MasterCard means an Alberta Agri-Industry BusinessCard MasterCard issued by the Policyholder.

Cardholder means any natural person resident in Canada who is the applicant for, and is issued an Alberta Agri-Industry BusinessCard MasterCard by the Policyholder and whose Account is in Good Standing. Cardholder may be referred to as "You" or "Your."

Dollars and "**\$**" means Canadian dollars.

Good Standing means, with respect to an Account, that You have not advised the Policyholder in writing to close or for which the Policyholder has not suspended or revoked credit privileges or otherwise closed the Account.

Insured Person means a Cardholder, including the Spouse of a Cardholder, if such Spouse is also a Cardholder on such Account.

Loss means:

- i. with respect to life, Accidental Bodily Injury causing death;
- ii. with respect to sight, speech or hearing, Accidental Bodily Injury causing entire and irrecoverable loss of sight, speech or hearing;
- iii. with respect to a hand, Accidental Bodily Injury causing actual irreversible severance of the entire four fingers of the same hand, at or above the middle joints;
- iv. with respect to a foot, Accidental Bodily Injury causing actual irreversible severance of a foot, at or above the ankle joint; and
- v. with respect to Loss of use, Accidental Bodily Injury causing permanent, total and irrecoverable loss of the ability to perform each and every action and service of the arm, leg, hand or foot, beyond remedy by surgical or other means.

Quadriplegia or Paraplegia or Hemiplegia means the total and permanent paralysis of all four limbs; or both legs; or one arm and one leg on the same side of the body.

Spouse means Your legal husband or wife, or the person who You live with and have publicly represented as Your Spouse for at least one (1) year.

Accidental Death & Dismemberment

If an Insured Person sustains an Accidental Bodily Injury as a result of an Accident not otherwise excluded by this Policy, the applicable benefit specified for the resulting Loss will be paid.

Loss of:	Loss of use of:	Amount of Benefit:
Life; both hands or both feet; one foot or one hand and the entire sight of one eye; entire sight of both eyes; one hand and one foot; speech and hearing in both ears	Both arms or both hands; Quadriplegia; Paraplegia; or Hemiplegia	\$10,000
One arm or one leg	One arm or one leg	\$7,500
One hand or one foot; sight of one eye; speech or hearing; or four fingers on the same hand	One hand or one foot	\$6,667
Thumb and index finger on the same hand		\$3,330
All toes of the same foot		\$2,000
Hearing in one ear		\$1,670

The maximum benefit payable for Loss resulting from any one Accident is \$10,000 per Account.

If more than one described Loss is sustained by an Insured Person, then the total benefit payable from one Accident to such person is limited to the greatest amount payable for any one Loss sustained.

Beneficiary

Unless otherwise specified by You, any amount due under the Policy for Loss of Life at:

- i. Your death will be paid to Your Spouse if living, otherwise equally to Your living children if any, otherwise equally to Your then living parents or parent, otherwise to Your estate; or
- ii. the death of any other Insured Person, will be paid to You if then living, otherwise as though it were a sum payable under (i) above.

All other benefits will be paid to You. The beneficiaries herein designated may be changed in accordance with the Change of Beneficiary provision below.

Limitations And Exclusions

No benefits shall be paid for a Loss caused by or resulting from:

- i. intentionally self-inflicted injuries;
- ii. suicide or attempted suicide;
- iii. illness or disease;
- iv. pregnancy or complications of pregnancy, including resulting childbirth or abortion;
- v. bacterial infection except bacterial infection related to an Accidental Bodily Injury, or if death results from accidental ingestion of a substance contaminated by bacteria;
- vi. any act of war, declared or not, or civil disorders;
- vii. participation in any speed contest, professional sports, parachuting, parasailing, bungee jumping or mountaineering;
- viii. an accident occurring while operating or learning to operate, or serving as a member of the crew of, any aircraft;
- ix. abuse of alcohol or drugs;
- x. the commission or attempted commission of a criminal offence; or
- xi. an Accident occurring while occupying a water conveyance, unless the conveyance itself is involved in an Accident which gives rise to the Loss to the Insured Person.

In the event that an Insured Person is covered under more than one insurance policy or document issued by the Insurer, such person shall be deemed to be insured only under the policy, certificate or document which affords the person the greatest amount of insurance coverage. Upon discovery of duplication in coverage, any duplicate premiums paid by the Insured will be refunded to the Insured Person, if living, otherwise to the Insured Person's estate.

General Provisions and Statutory Conditions

Unless otherwise expressly provided herein or in the Policy, the following general provisions apply to the benefits described in this Certificate of Insurance:

Notice and Proof of Claim: Immediately after learning of a Loss, or an occurrence of an Accident which may lead to a Loss under these insurance benefits, notify the Administrator at 1-866-305-0888 from within Canada and the United States, or from elsewhere in the world, collect at 905-477-0702. You will then be sent a claim form.



Written notice of claim (on a claim form or other written notification) must be given to the Administrator within forty-five (45) days after the occurrence or commencement of any Loss covered by the Policy or as soon thereafter as is reasonably possible, but in all events must be provided no later than ninety (90) days from the date of Loss. Written notice given by or on behalf of the claimant or the beneficiary to the Administrator with information sufficient to identify You, shall be deemed notice of claim.

The completed claim forms together with written proof of loss must be delivered as soon as reasonably possible, but in all events within one (1) year from the date on which the Loss occurred.

Failure to provide notice or furnish proof of claim within the time prescribed herein does not invalidate the claim if the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one (1) year from the date a claim arises hereunder, if it is shown that it was not reasonably possible to give notice or furnish proof within the time so prescribed. If the notice or proof is given or furnished after one year, Your claim will not be paid.

Proof of Loss: The appropriate claim forms, together with written proof of Loss, must be delivered as soon as reasonably possible, but in all events within one (1) year from the date that the loss occurred.

Examination and Autopsy: The Insurer at its own expense shall have the right and opportunity to examine the person of any Insured Person whose injury is the basis of a claim hereunder when and so often as it may be reasonably required during pendency of a claim hereunder, and also the right and opportunity to make an autopsy in case of death, where it is not forbidden by law.

Payment of Claims: Benefits payable under the Policy will be paid upon receipt of full written proof, as determined by the Insurer.

The benefit for Loss of life will be payable in accordance with the beneficiary provisions of the Certificate. Any other accrued benefits unpaid at the Insured Person's death may, at the option of the Administrator, on behalf of the Insurer, be paid either to such beneficiary or to the estate of the Insured Person. All benefits will be payable in Canadian funds.

If any benefit of this Certificate of Insurance shall be payable to the estate of the Insured Person or to an Insured Person or beneficiary who is a minor or otherwise not competent to give a valid release, the Insurer may pay such benefit, to any relative by blood or by marriage of the Insured Person or beneficiary who is deemed by the Administrator to be equitably entitled thereto. Any payment made by the Insurer in good faith pursuant to this provision shall fully discharge the Insurer to the extent of such payment.

Termination of Insurance: Coverage for Insured Persons ends on the earliest of:

- i. the date Your Account is cancelled, closed or ceases to be in Good Standing;
- ii. the date the Insured Person ceases to be eligible for coverage; and
- iii. the date the Policy terminates.

No losses incurred after the Policy termination date will be paid.

Change of Beneficiary: The right to change beneficiary is reserved to the Cardholder and subject to any provision or rule of law governing the right to change the beneficiary. The consent of the beneficiary or beneficiaries will not be required.

The Cardholder may change a beneficiary by filing a written beneficiary change with the Insurer but such change shall not be operative until recorded by the Insurer and will relate back to and take effect as of the date the request was signed, but without prejudice to the Insurer on account of any payment made before receipt of such beneficiary change. To change Your beneficiary designation, call the Administrator at 1-866-305-0888.

Due Diligence: The Insured Person shall use diligence and do all things reasonable to avoid or diminish any Loss under the Policy.

Legal Action: Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* or other applicable legislation.

False Claim: If You make a claim knowing it to be false or fraudulent in any respect, You shall no longer be entitled to this insurance, nor to the payment of any claim under the Policy.

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