



## Scotia Guaranteed Life Insurance

**Guaranteed Acceptance Life Insurance Policy  
(with Accelerated Death Benefit for  
Terminal Illness and Accidental Death Benefit)**

### Policy Contract

Underwritten by:

Combined Insurance Company of America

Canadian Head Office  
150 Commerce Valley Drive West  
Suite 700 Markham, Ontario L3T 7Z3

Combined, a Chubb Company

Scotia Guaranteed Life Insurance is arranged for by BNS Insurance Agency Inc. ("BNSIA") and serviced by Combined Insurance Company of America ("Combined"). Policies are underwritten, and claims are handled by, Combined. Eligibility requirements, limitations, exclusions or additional costs may apply and/or may vary by province or territory.

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This is a legal contract between You and Combined Insurance  
**PLEASE READ YOUR POLICY CAREFULLY**

**Scotia Insurance.**  
BNS INSURANCE AGENCY

## Table of Contents

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30 Day Right to Examine Policy.....	3
Policyholder Service.....	3
Fraud Limitation.....	3
Consideration.....	3
When Coverage Begins.....	3
Who is Eligible for Insurance.....	4
Definitions.....	4
Benefits.....	5
Exclusions.....	7
Coverage Maximums.....	8
When Coverage Matures.....	8
Termination of Coverage.....	8
What is the Premium?.....	8
How to Cancel Your Policy.....	9
Beneficiary.....	9
General Provisions.....	9
Statutory Conditions.....	10
How to Make a Claim.....	11
Misstatement and Incontestability.....	13
Conformity with Statutes.....	14

Please read this Policy carefully. You have benefits and rights as described in this Policy.

The Insured is as named in the application. The Beneficiary is as named in the application, unless later changed by You. We will pay You the Accelerated Death Benefit for Terminal Illness under this Policy prior to Your death, or the Death Benefit or Accidental Death Benefit under this Policy to the Beneficiary upon receipt of due proof that You died while this Policy is in force, subject to the provisions of this Policy. This Policy is issued in consideration of the application and the payment of the first Premium. Payment of subsequent Premiums when due is required to keep this Policy in force.

### **30 Day Right to Examine Policy**

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If this Policy is not satisfactory for any reason, within 30 days of the date You receive it and provided that no claim has been made against the Policy, You can cancel it. Any Premium paid will be refunded and this Policy will be void from inception as if it were never in force.

### **Policyholder Service**

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If additional information about this insurance is required, please contact Us at 877-464-2264 weekdays from 8:00 a.m. to 8:00 p.m. Eastern Time ("ET") to speak with a customer service representative.

### **Fraud Limitation**

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We will not pay any Benefit if this Policy is declared void due to a material omission or misrepresentation. We will not pay any Benefit in the event of fraud or attempted fraud by You. In the event of fraud or attempted fraud by You, We reserve the right to terminate this Policy.

### **Consideration**

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This Policy is issued in consideration of the statements contained in the application and payment of the first Premium.

### **When Coverage Begins**

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Subject to the terms and conditions of this Policy, the insurance coverage under this Policy begins on the date all of the following conditions are met:

1. Your application has been approved in writing;
2. The Policy is delivered to You;
3. The first Premium is paid; and

4. The information provided in the application remains true and complete at the time that You accept delivery of this Policy.

If any of these conditions are not met, this Policy does not come into effect.

## Who is Eligible for Insurance

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To be eligible for this insurance coverage, all of the following conditions must be met at the time of enrollment and the Effective Date:

1. You must be between the ages of 25 and 75; and
2. You must be a Canadian resident.

## Definitions

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Some words that are used in this Policy have very specific meanings that are introduced in the text, set out in the application, Schedule Page or defined below.

**Accelerated Death Benefit for Terminal Illness** means an amount of up to 50% of the Amount of Insurance for the Base Policy specified in the Schedule Page, but no less than \$2,500, that You can elect to receive when You are diagnosed with a Terminal Illness.

**Accident** means a sudden, unforeseen, and unintentional event resulting from a violent external cause.

**Accidental Bodily Injury** means a sudden, unforeseen and unintentional event due exclusively to an external force of a violent nature beyond Your control and occurring while this Policy is in force. Accidental Bodily Injury does not include any loss that results, directly or indirectly, from disease or illness or from any of the conditions or activities listed under the section titled "Exclusions".

**Beneficiary** means the person or persons identified to receive the Death Benefit or Accidental Death Benefit, when the Insured dies as set out in the section of this Policy titled "Beneficiary".

**Benefit** means the Death Benefit or Accidental Death Benefit payable by Us upon the receipt by Us of an acceptable proof of loss along with evidence sufficient to Us to determine the validity of any claim.

**Canadian Resident** means an individual that is ordinarily a resident of Canada. Proof of residency must include evidence satisfactory to Us of the following:

1. ordinary or habitual residence in Canada;
2. considered deemed resident by Canada Revenue Agency; or
3. granted permanent residency status by Immigration, Refugees and Citizenship Canada.

**Doctor** means a licensed doctor recognized by the College of Physicians and Surgeons, or the College of Dental Surgeons, in the province within Canada or a state in the United States in which the treatment is rendered. The doctor must not be related to You by blood or marriage or ordinarily resident with You or be Your business associate.

**Effective Date** means the date insurance coverage under the Policy begins as set out in the When Coverage Begins provision.

**Evidence of Insurability** means the information We require to decide if the person who is to be insured is insurable. This can include medical and financial information.

**Insured Person or Insured** means the person that We have agreed to insure in this Policy. The Insured's or Insured Person's name appears on the Schedule Page as "Insured".

**Non Smoker** means an Insured who has not used any form of tobacco product (including but not limited to cigarettes, cigars, cigarillos, pipes, snuff/chew/dip, nicotine patch or nicotine gum, vapes with nicotine) in any form at any time during the twelve (12) consecutive months immediately preceding the Effective Date, or last reinstatement date, for coverage on that person.

**Policy** means this document.

**Policy Anniversary** means the month and day of every year that is the same as the Effective Date.

**Premium or Premiums** means the amount We charge for the insurance coverage provided under the Policy. The Premium is set out in the attached Schedule Page for the coverage selected on the application.

**Smoker** means an Insured who has used any form of tobacco product (including but not limited to cigarettes, cigars, cigarillos, pipes, snuff/chew/dip, nicotine patch or nicotine gum, vapes with nicotine any time during the twelve (12) consecutive months immediately preceding the Effective Date, or last reinstatement date, for coverage on that person.

**Terminal Illness** means any sickness, disease, syndrome, condition or situation in which, in the opinion of a Doctor, would generally result in the Insured's death within a period of 12 months from the date of diagnosis, or would require continuous confinement in a hospital, hospice, extended care facility, palliative care facility, custodial care facility, rehabilitation facility, or nursing home until the Insured's death.

**We, Us, Our or Company** means Combined Insurance Company of America/Compagnie d'Assurance Combined d'Amérique.

**You or Your** means the Owner of the Policy and all riders attached to the Policy, if any.

## Benefits

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All benefits are subject to the terms and provisions set out in this Policy, including limitations and exclusions. Please refer to the sections titled "Exclusions", "Coverage Maximums" and "Termination of Coverage" for details.

### **The Death Benefit**

A Death Benefit is payable if:

1. You die more than two years after the Effective Date or latest reinstatement and Your death is not from an Accidental Bodily Injury caused by an Accident.
2. You die within two years of the Effective Date or latest reinstatement and Your death is from an Accidental Bodily Injury solely caused by an Accident, provided that Your death occurs within 365 days of the Accident and prior to Your 75th birthday.

The Death Benefit is calculated as follows:

1. the Amount of Insurance for the Base Policy specified in the Schedule Page; plus
2. any part of a Premium which applies beyond the Policy month of death; minus
3. the amount of any Accelerated Death Benefit for Terminal Illness paid for the Insured; minus
4. the amount of any Premiums due but unpaid at the date of the Insured's death.

**Should You die prior to the second Policy Anniversary or within two years of the latest reinstatement and Your death is not the result of an Accidental Bodily Injury caused solely by an Accident, the Death Benefit payable to the Beneficiary will be limited to the sum of any Premium payments You have made to Us without interest.**

#### ***The Accidental Death Benefit***

If You die, from an Accidental Bodily Injury caused solely by an Accident, more than two years after the Policy Effective Date or the latest reinstatement date, provided that death occurs within 365 days of the Accident, and prior to Your 75th birthday, We will pay the Accidental Death Benefit to the Beneficiary, instead of the Death Benefit described above, subject to the terms and provisions of this Policy. The amount of the Accidental Death Benefit is specified in the Schedule Page.

The Accidental Death Benefit payable upon Your death will equal:

1. the Amount of Insurance for the Accidental Death Benefit specified in the Schedule Page; plus
2. any part of a Premium which applies beyond the Policy month of death; minus
3. the amount of any Accelerated Death Benefit for Terminal Illness paid for You; minus
4. the amount of any Premiums due but unpaid at the date of Your death.

#### ***The Accelerated Death Benefit for Terminal Illness***

Subject to all of the provisions set out in this Policy, if You suffer from a Terminal Illness, You may request a one-time advance payment of up to fifty percent (50%) of the Death Benefit, subject to approval by Our Canada Claim Department. The date the Terminal Illness is first diagnosed must be the later of:

1. more than two (2) years after the Effective Date; or
2. more than two (2) years from the latest reinstatement date.

The Death Benefit or Accidental Death Benefit payable upon Your death will be reduced by the amount of the Accelerated Death Benefit for Terminal Illness paid under this provision.

The Accelerated Death Benefit for Terminal Illness is payable to You. Any Irrevocable Beneficiary or assignee under this Policy must consent to the payment of the Accelerated Death Benefit for Terminal Illness and the Accelerated Death Benefit for Terminal Illness will not be paid until we receive such consent.

When You claim the Accelerated Death Benefit for Terminal Illness, You agree to the following conditions and limitations:

1. You must continue to pay all Premiums due to keep this Policy in force in order to receive any other benefits under this Policy;
2. You may not collaterally assign or change the ownership of the Policy without Our consent;

3. You may not apply for another guaranteed issue life insurance policy underwritten by Us; and
4. You may not increase the Death Benefit.

Prior to the payment of the Accelerated Death Benefit for Terminal Illness, You must provide to Us satisfactory written proof of a Terminal Illness for the Insured, including a diagnosis and such other clinical, radiological, histological or laboratory evidence of the condition that We may reasonably request.

## Exclusions

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We will not pay a Death Benefit when:

1. Your death occurs within two years of the Effective Date or the latest reinstatement date, and is not due to an Accidental Bodily Injury caused solely by an Accident. In this case, We will pay the sum of any Premium payments made by You, without interest, to the Beneficiary; or
2. You have incorrectly stated, misrepresented or failed to disclose a material fact in Your application.

No Accidental Death Benefit will be payable if Your death due to Accidental Bodily Injury occurs within two years of the Effective Date or latest reinstatement date.

No Death Benefit due to an Accidental Bodily Injury caused by an Accident or Accidental Death Benefit will be payable if Your Accidental Bodily Injury resulted directly or indirectly from, or was in any manner or degree associated with or occasioned by any one or more of the following, or if any one or more of the following contributed in any way to Your Accidental Bodily Injury:

1. any naturally occurring condition, illness or disease or bodily or mental infirmity of any kind, or medical or surgical treatment for any such condition, illness, disease or infirmity;
2. bacteria, viruses, fungi, prions or any other pathogens;
3. an intentionally self-inflicted injury, attempted or committed suicide, whether sane or insane;
4. an Accidental Bodily Injury sustained while under the influence of any drug, unless the drug was prescribed by a Physician and taken as directed;
5. an Accidental Bodily Injury sustained while Your blood alcohol concentration was in excess of eighty (80) milligrams of alcohol per one hundred (100) millilitres of blood;
6. an Accidental Bodily Injury sustained while under the influence of any poison or gas that was voluntarily taken, administered, absorbed or inhaled;
7. flying, (except as a fare paying passenger on a recognized commercial airline on a regularly scheduled flight) or any other form of aerial activity;
8. war (declared or undeclared), riot or civil commotion, insurrection or hostilities of any kind;
9. participation as a professional athlete in an athletic competition or demonstration; or
10. any commission of, or attempt to commit, or the provocation of a criminal act.

No Accidental Death Benefit will be payable if Your death takes place after Your 75th birthday.

## Coverage Maximums

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You are only permitted to be insured up to a maximum sum of \$50,000 for any one or more Guaranteed Acceptance Life Insurance policies underwritten by Us. For any Guaranteed Acceptance Life Insurance policies issued in excess of \$50,000:

1. any coverage over \$50,000 will be cancelled; and
2. a refund will be issued for any excess Premiums collected (including interest).

## When Coverage Matures

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If this Policy is still in force on the Policy Anniversary following Your 100th birthday, We will pay the Death Benefit to You, subject to the terms and provisions of this Policy. This Policy will terminate upon maturity.

## Termination of Coverage

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This Policy and the insurance coverage under this Policy end on the earliest of the following dates:

1. the date You request to cancel this Policy. Refer to the section titled “How to Cancel Your Policy”;
2. the end of the Grace Period if the Premium remains unpaid. Refer to the section titled “Grace Period”;
3. upon maturity as set out in the section “When Coverage Matures”; or
4. the date of Your death.

## What is the Premium?

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The Premium is the amount You must pay to Us to keep this Policy in force. The amount of Premium You must pay to Us is shown on the Schedule Page. Premium is only required to be paid until the Policy Anniversary following Your 90th birthday. Beginning on that date, Premium will be waived until Your insurance coverage ends as set out in the section “Termination of Coverage”.

The Premium is based on Your age, sex at birth, smoking status and Amount of Insurance shown on the Schedule Page as of the Effective Date.

You must pay Your first Premium for this insurance coverage to Us along with Your application for insurance. We will apply Your first Premium on the Effective Date, as indicated on Your application for insurance and set out in the Schedule Page. You must pay subsequent Premiums as per the method selected by You in the application from the Effective Date.

If any cheque or other instrument given for payment of Premium is not honored, the Premium will be considered unpaid. If You do not pay the Premium when due, this Policy and the insurance coverage under it will end, subject to the Grace Period. If You do not pay the first Premium, Your coverage under this Policy will not take effect.



## How to Cancel Your Policy

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You may cancel this Policy at any time by giving written notice to Us at Our address shown on the first page of this Policy, unless otherwise expressly stated in this Policy. Your cancellation of this Policy will be effective on the date We receive Your cancellation notice. If You cancel Your Policy within 30 days from the date You receive this Policy, any Premium paid will be refunded to You. If You cancel Your Policy any time after this, any Premium paid after We receive notice of Your cancellation will be refunded to You on a pro-rated basis.

We cannot cancel Your Policy. However, in cases of fraud, misrepresentation or nondisclosure, We may declare the Policy void. Refer to the section titled "Misstatement and Incontestability".

This Policy will automatically end, immediately and without notice or further action by Us, as set in the section titled "Termination of Coverage".

## Beneficiary

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### ***Payment Upon Death***

If a Benefit is payable, the primary Beneficiary will receive the Benefit payable subject to the terms and provisions of the Policy. If the primary Beneficiary dies before You, the contingent Beneficiary, if named, will receive the Benefit payable. If the primary Beneficiaries and contingent Beneficiaries die before You, or if no Beneficiaries are named, You or your estate will receive the Benefit.

### ***Change of Beneficiary***

While You live, You may change the Beneficiary by filing a written request at Our Canadian Head Office in a form satisfactory to Us. Change of beneficiary forms are available at [www.combined.ca](http://www.combined.ca) or by calling 1-877-464-2264 Monday to Friday, 8:00 a.m. to 8:00 p.m. Eastern Time ("ET"), or writing to Us at PO BOX 3720 MIP, Markham, Ontario, L3R 0X5. A Beneficiary irrevocably named may not be changed without the consent of the Beneficiary. When the request is received and accepted by Us, the change will be effective from the date the request was signed, subject to any action taken by Us before the request was received. No change will be valid if received by Us after You die.

## General Provisions

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### ***Grace Period***

A Grace Period of 30 days will be granted for the payment of each Premium falling due after the first Premium, during which this Policy shall continue in force. You will be liable for the payment of the Premium that accrues during such period. If You do not pay the overdue Premium and any Premium falling due within the Grace Period, this Policy, and the insurance coverage under it, will automatically end. If Your Policy ends this way, it is called a lapse. If Your death occurs during the Grace Period, any unpaid Premium will be deducted from the Benefit payable.

### ***Reinstatement***

If this Policy ended because it lapsed due to nonpayment of Premium, You may apply to have it reinstated by calling Us at 877-464-2264 weekdays from 8:00 a.m. to 8:00 p.m. Eastern Time ("ET") to speak with a customer service representative. This process is called reinstatement.

If this Policy lapsed because the Premium was not paid when due or within the Grace Period, but We receive payment of the Premium within one year from the date that the Premium was due, We may reinstate this Policy if:

1. You repay all Premium due on the Policy, plus interest compounded annually at the rate of eight percent (8%) per year for all nonpaid Premium; and
2. Your application for reinstatement is approved by Us.

If this Policy is reinstated, for the payment of any benefit, the time periods set out in the Incontestability provision and the Suicide Limitation provision start again from the date of reinstatement. All other terms, conditions and exclusions will apply, subject to any changes that We have made that are noted on or attached to the reinstated Policy.

### ***Canadian Currency***

All payments to be made under this Policy, either to or by Us, shall be payable in the Canadian currency.

### ***Suicide Limitation***

If within two years from the Effective Date, or the latest reinstatement date, You die by suicide, whether sane or insane, the amount payable by Us shall be limited to the amount of Premium, without interest, paid under the Policy.

### ***Bank Account***

Any Premium being drawn from a bank account by pre-authorized debit may only be drawn from a Canadian Bank Account.

### ***Non-Participating***

This Policy is not participating. This means that neither You nor any other person shall share in the distribution of any of Our profits or surpluses under this Policy.

### ***Notices***

Any official notices to Us, like cancellation notices, must be in writing and be delivered or sent by mail to Us at Our address shown above. Notices from You or a claimant should include this Policy number and Your name and address.

### ***Legal Actions***

You cannot bring a legal action to recover the Benefit under this Policy until at least 60 days after You have given Us written Proof of Loss. You cannot start such an action more than two (2) years after the date Proof of Loss is required.

Every action or proceeding against Us for the recovery of insurance money payable under the Policy is absolutely barred unless commenced within the time set out in the Insurance Act, Limitations Act, 2002, or other legislation applicable in Your province of residence.

### ***Statutory Conditions***

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**It is a legal requirement that the following statutory conditions be reproduced in this Policy in the following form. In these statutory conditions, the term “loss” means a benefit for which a claim is made under this Policy. Where this Policy is construed according to the laws of Québec, these statutory conditions apply as Policy Conditions.**

**The Contract**

The application, this Policy, any rider attached to this Policy when issued, and any amendment to this Policy agreed to in writing after this Policy is issued, constitute the entire contract, and no agent has authority to change the contract or waive any of its provisions.

**Copy of Application**

The Insured will receive a copy of the application at the time they receive their Policy.

**Waiver**

We shall be deemed not to have waived any condition of this Policy, either in whole or in part, unless the waiver is clearly expressed in writing signed by Us.

**Material Facts**

No statement made by You at the time of application for this Policy shall be used in defense of a claim under or to avoid this Policy unless it is contained in the application.

**Termination**

This Policy may be terminated by You at any time by giving Us written notice of termination at Our address shown on the first page of this Policy. Termination of this Policy will be effective on the date We receive Your cancellation notice. If this Policy is terminated by You, We must refund as soon as practicable, the Premium paid by You from the date of receipt of the termination request to the date Premium is paid to.

**We are to Furnish Forms for Proof of Claim**

We must furnish forms for proof of claim within 15 days after receiving notice of claim, but, if the claimant has not received the forms within that time, the claimant may submit his or her proof of claim in the form of a written statement of the cause or nature of the death giving rise to the claim.

**Rights of Examination**

As a condition precedent to recovery of insurance money under this Policy, We reserve the following rights of examination while the claim is pending:

1. the right to require an autopsy, subject to any law of the applicable jurisdiction relating to autopsies;
2. the right to examine the claimant, claimant's family and any representative of the claimant when and as often as reasonably required, including under oath; and
3. the right to require the claimant and/or the claimant's representative to provide a signed description of the circumstances surrounding a loss, to produce all records and documents requested by the Insurer and to permit the Insurer to retain copies.

**When Benefits are Payable**

All Benefits payable under this Policy must be paid by Us within 60 days after We receive proof of claim.

**How to Make a Claim**

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A person making a claim must complete a claim form and give Us the information We need to assess the claim. A person making a claim may contact Us at the toll-free telephone number shown below to obtain a claim form.

For additional assistance, please contact Us at 877-464-2264 weekdays from 8:00 a.m. to 8:00 p.m. Eastern Time ("ET") to reach a customer service representative. Claim forms and supporting information must be provided to Us in either English or French; any translations to English or French must be certified. The person making the claim is responsible for any fees associated with the translation of information.

Doctors and other parties may charge a fee to complete certain forms. The person making the claim is responsible for any fees for this information.

The completed claim forms and supporting information must be sent to Us at the following address:

**Combined Insurance Company of America  
Claims Department  
P.O. Box 3720, MIP  
Markham, ON L3R 0X5**

For a Death Benefit or Accidental Death Benefit to be payable, this Policy must be in effect on the date that the Insured died. The person making the claim must send the claim form to Us within one year of the date a claim arises under this Policy

#### ***Notice and Proof of Claim***

To make a claim for the Benefit, You or a Beneficiary entitled to make a claim, or the agent of either, must:

1. give written notice of claim to Us not later than 30 days after the date a claim arises under this Policy, by delivery of the notice to:
  - a. Our Canadian head office or Our chief agency in the province; or
  - b. Our authorized agent in the province; and
2. within 90 days after the date a claim arises under this Policy, furnish to Us such proof as is reasonably possible in the circumstances of:
  - a. the death that caused the claim;
  - b. the right of the claimant to receive payment;
  - c. if relevant, the claimant's age;
  - d. if relevant, the Beneficiary's age; and
  - e. if so required by Us, furnish a satisfactory certificate as to the cause or nature of the death for which claim is made under this Policy.

Failure to give notice of claim or furnish proof of claim within the time required by this condition does not invalidate the claim if:

1. the notice or proof is given or furnished as soon as reasonably possible, and in no event later than one year after the date a claim arises under this Policy on account of death, and it is shown that it was not reasonably possible to give the notice or furnish the proof in the time required by this condition; or
2. if a declaration of presumption of death is necessary, the notice or proof is given or furnished no later than one year after the date a court makes the declaration.

### ***Recovery of Overpayment***

We reserve the right to recover any payment made by Us that was:

1. made in error;
2. made to a Beneficiary and/or You and/or any party on Your behalf, where We determine that such payment made is greater than the amount payable under this Policy; or
3. made to a Beneficiary and/or You and/or any party on Your behalf based on fraudulent or misrepresented information.

If any amount is overpaid or paid in error, We have the right to recover the amount overpaid, paid in error.

### **Misstatement and Incontestability**

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#### ***Misstatement of Age***

If the age of the Insured has been misstated, any amount payable will be that which the Premium paid would have purchased at the correct age, and the amount of Premium payable will be adjusted for the correct age. However, if the age misstatement caused this Policy to be issued beyond the age set by Us for issue of this Policy, then Our liability is limited to a return of all Premiums paid for this Policy.

#### ***Misstatement Regarding Smoking Status***

If any misrepresentation has been made on the application regarding Your smoking status then, any amount payable under the Policy shall be such as the Premium paid would have purchased if the misrepresentation had not been made. However, if We could not have issued this Policy because Your smoking status would have caused an increase of Premium such that no Benefit would be payable, We will declare this Policy void as if it had never been in effect and return all Premium paid for this Policy.

#### ***Incontestability***

Except for non-payment of Premiums, this Policy will be incontestable after it has been in force, during Your lifetime for more than two years from the Effective Date, or latest reinstatement date, except in the case of fraud.

If You have incorrectly stated, misrepresented, or failed to disclose a material fact in the application for this insurance, the Policy may be declared void from the beginning.

If there is evidence of fraud, We can declare the Policy void at any time.

Except in the case of fraud, if We declare the Policy void, We will refund all Premium paid by You. We will not pay any Benefit if the insurance coverage is declared void due to a material omission, misrepresentation or in the event of fraud either at the time of application for this insurance Policy or at the time of a claim for the Benefit under this Policy. In the event that any Benefit is paid following a material omission, misrepresentation or fraud, We will seek reimbursement of such Benefit from You, the Insured or the Beneficiary as appropriate.

## Conformity with Statutes

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Any provision, terms or conditions of this Policy which are in conflict with the statutes of Canada and/or any province or territory of Canada in which the Policy is delivered are hereby amended to conform to the minimum requirements of Canada, or such province or territory. All other terms and conditions of the Policy remain unchanged.

### **Sanctions**

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims. All other terms and conditions of the Policy remain unchanged.

### **Our Privacy Commitment**

At Combined we work hard to respect and maintain personal privacy. To review Our privacy policy, please visit [https://www.combinedinsurance.com/ca-en/global/legal.html#tabContent\\_3](https://www.combinedinsurance.com/ca-en/global/legal.html#tabContent_3) or call Us at 1-877-464-2264 for a paper copy.

Scotia Insurance recognizes the importance of your personal information and values the trust that You have placed in them to protect that information. For a full explanation about how, when and why Scotia Insurance may collect, use and disclose Your information, as well as Your rights relating to that information, please <https://www.scotiainsurance.com/en/privacy-policy.html> or call 1-866-725-0428 for a paper copy.

### **Complaint Procedures**

If You have a complaint or inquiry about any aspect of this insurance coverage, please call 1-877-464-2264 from 8:00 a.m. to 8:00 p.m. Eastern Time ("ET"), Monday to Friday.

If for some reason You are not satisfied with the resolution to Your complaint or inquiry, You may further escalate Your complaint or inquiry in writing to our complaints officer:

**Combined Insurance Company of America**  
**P.O. Box 3720, MIP**  
**Markham, ON L3R 0X5**

If You are still not satisfied with the resolution to Your complaint or inquiry, You may communicate Your complaint or inquiry in writing to:

**OmbudService for Life & Health Insurance**  
**20 Adelaide St E**  
**Toronto, ON M5H 1L6**

If You are a resident of the province of Quebec and You are still not satisfied with the resolution to Your complaint or inquiry, You may communicate to the OmbudService for Life & Health Insurance, OR to:

### **Autorité des marchés financiers (AMF)**

**Québec**  
**Place de la Cité, tour Cominar**  
**2640, boulevard Laurier, bureau 400**  
**Québec (Québec) G1V 5C1**

**Montréal**  
**800, square Victoria, 4e étage**  
**C.P. 246, Place Victoria**  
**Montréal (Québec) H4Z 1G3**

In WITNESS WHEREOF Combined has caused this Policy to be executed by its President and Secretary, but the same shall not be binding upon Combined until the Policy application is signed by one of its licensed resident agents.

For Combined Insurance Company of America

For purposes of the Insurance Companies Act (Canada), this document was issued in the course of Combined Insurance Company of America's insurance business in Canada.

Scotia Guaranteed Life Insurance is arranged for by BNSIA and serviced by Combined Insurance Company of America ("Combined"). Policies are underwritten, and claims are handled by, Combined. Eligibility requirements, limitations, exclusions or additional costs may apply and/or may vary by province or territory.

295920 (03-2025)