
DISCLOSURE:

THIS IS A SUMMARY OF THE BENEFITS OFFERED TO HELP YOU MAKE YOUR DECISION. PLEASE REFER TO THE SPECIMEN INSURANCE CERTIFICATE FOR MORE DETAILS AND EXPLANATIONS.

NAME OF THE INSURANCE PRODUCT

Secured Personal Loan Life Insurance - Group Insurance Policies number 20200003

TYPE OF INSURANCE PRODUCT AND WHO SHOULD BUY IT

Group creditor insurance offered to Secured Personal Loans customers with Fairstone Financial Inc. (hereafter referred to as "Fairstone") and payable upon the Insureds' death.

NAME AND ADDRESS OF THE INSURER:

American Health and Life Insurance Company
1420 - 380 Wellington Street
London, Ontario
N6A 5B5
Telephone number: 1-800-285-8623
Fax number: 1-877-772-2623
Autorité des marchés financiers client number: 2000737794

NAME AND ADDRESS OF THE DISTRIBUTOR:

Fairstone Financial Inc.
630 René-Lévesque Blvd. W, Suite 1400
Montréal, Québec
H3B 4Z9
Telephone number: 1-866-915-9423

AUTORITÉ DES MARCHÉS FINANCIERS WEBSITE:

WWW.LAUTORITE.QC.CA

DEFINITIONS

- Borrower:** When **you** take out a Secured Personal Loan, **you** are the **Borrower**.
- Co-Borrower:** The person who has taken out a Secured Personal Loan jointly with **you**.
- Insured:** Both the **Borrower** and if joint life coverage is purchased, the **Co-Borrower** may be covered.
- Rescission:** When **you** cancel **your** insurance coverage during the first 30 days after the effective date of the insurance or **we** cancel **your** coverage because of a misstatement made by **you** retroactively to the date of purchase, a full refund of premium will be reimbursed to **your** account with Fairstone.
- We / Us / Our:** American Health and Life Insurance Company
- You / Your:** The insured **Borrower**, and the **Co-Borrower, if insured**.

A. DESCRIPTION OF THE PRODUCTS OFFERED



1. WHAT IS COVERED:

In case of death, the insurance may pay off or reduce the balance of **your** loan.



2. PERSONS COVERED

The **Borrower** and the **Co-Borrower can be covered for** Life insurance. **You** can choose to cover the **Borrower** only or both **borrowers**.



3. YOU CAN BE COVERED IF YOU:

- 1) have a Secured Personal Loan with **Fairstone**;
- 2) will not reach age 71 before the Final Loan Payment Due Date;
- 3) meet the Health Eligibility requirements shown on the Application, if required, and You have been approved; and
- 4) have signed the insurance application form.

To be covered, the **Co-Borrower** must meet the same requirements as the **Borrower**, including signing the application.



4. AMOUNT OF INSURANCE

The benefit payable, in the event of death, is equal to the LESSER of either:

- 1) the balance of **your** loan as of the date of death; or
- 2) The maximum indicated in the insurance certificate, in the section Schedule of Benefits on page one.

The insurance benefit **does not include unearned interest or add-on fees**.

If the **Co-Borrower** is insured under **your** insurance certificate, and both of **you** die, **we** will make a benefit payment for only one of **you**.

There is also one limitation regarding suicide. Please see section “B” below.



5. COST OF INSURANCE

The insurance cost must be paid monthly and is calculated based on the balance of **your** loan with Fairstone and **your** province of residence. Please refer to the Pre-close Loan Offer Summary for an estimate of **your** monthly cost.

During the term of **your** insurance certificate, **we** may increase or decrease **your** monthly insurance cost. If **we** will be increasing the cost, **we** will give **you** at least 30 days advance written notice.

The distributor may receive up to 58% of premium in remuneration as an expense reimbursement.



6. WHEN DOES YOUR INSURANCE BEGIN

Generally, the beginning of the insurance coverage is the same as the date of **your** Secured Personal Loan. This date will appear on **your** insurance certificate.



7. MAXIMUM DURATION OF YOUR INSURANCE

The maximum duration of **your** insurance is for the LESSER of:

- a) the term of **your** loan; or
- b) 120 months

Your insurance may also terminate earlier for several other reasons, as shown in the specimen insurance certificate, section C2 on page 4.



8. MISSTATEMENT OF AGE

We will cancel the insurance from the date of purchase if the age of the **Insured** has been misstated and the **Insured** was not eligible by reason of age. **We** must discover the misstatement of **your** age within the first three years of the effective date shown on **your** insurance certificate, while **you** are still alive. **We** must process a **rescission** of **your** coverage within 60 days of the discovery.

B. EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE



SUICIDE EXCLUSION

We will not make any payment if one of the **Insureds** commits suicide, within 1 year after **you** bought this insurance. **We** will refund the premiums paid.

C. TERMINATION / CANCELLATION



You can cancel this insurance at any time by sending **us** a written request. Two situations apply depending on the date of cancellation of the insurance:

- Within 30 days of the beginning of **your** insurance: **you** can cancel this insurance and all premiums paid will be reimbursed to **your** account with Fairstone.
- After the initial 30 days: it always remains possible to cancel this insurance and any unearned premium will be reimbursed to **your** account with Fairstone.

Your insurance may automatically terminate as described in the specimen insurance certificate. Please refer to it for more details.

D. OTHER INFORMATION



For additional information on the insurance product described in this Summary or to obtain a copy of the group insurance policy, **you** can contact **us** or visit **our** website at www.americanhealthandlife.ca. **Our** contact information can be found on page 1 of this Summary. **You** can also contact the distributor. Its contact information is also available on the first page of the Summary.

E. CLAIMS



IF YOU HAVE A CLAIM:

We should be notified within 60 days, or as soon as reasonably possible, after the death. **We** may not pay **your** claim if **we** receive the notification later than 3 years after the death.



CLAIM FORMS:

We will provide the forms necessary to file a claim within 15 days after **we** are notified of a claim.

Within 30 days after receiving due proof of loss, **we** will either:

- a) pay the benefit under **your** insurance certificate; or
- b) inform the claimant in writing why **we** believe that no benefit is payable.



TO WHOM WE WILL MAKE OUR PAYMENTS:

In the event of death, **we** will pay any insurance benefits to **Fairstone** to be applied as payments on **your** Secured Personal Loan.



CONTACT OUR CLAIMS DEPARTMENT

To contact **our** claims department, **you** can call 1-800-285-8623.

To obtain a copy of a claim form, **you** can visit our website at www.americanhealthandlife.ca. **You** can also contact the distributor. Its contact information is available on the first page of this Summary.

F. COMPLAINTS



IF YOU HAVE A COMPLAINT:

If **you** think **we** failed to respect **our** commitment **you** may consult **our** Complaint Process located on **our** website at www.americanhealthandlife.ca/concerns.