Glory Hills Services
Insurance Premium Financing Contract

Glory Hills Services Inc.

Effective Date of Contract: Oct 30, 2025 **Contract Identification:** POGORA01

Borrower ("You") – Name & Address	**Your Insurance Premium Financing Lender**	**Your Loan Servicing Company**	**Your Insurance Broker**
Adrian Pogorzelec 16830 107 Avenue Edmonton AB T5P 4C3 Hadrian Polobelec 16830 107 Avenue Edmonton AB T5P 4C3	Glory Hills Services Phone: 1-877-489-9569 Text: 587-410-7445 Email: accounts@yesplan.ca	Yes Plan 16830 107 Avenue Edmonton, AB T5P 4C3 Phone: 1-877-489-9569 Email: accounts@yesplan.ca	Go Insurance Phone : 1-866-548-2298 Email : info@goinsurance.ca

THIS TRANSACTION IS A LOAN: This Agreement is entered into with **Glory Hills Services Inc.** as the Lender. The Borrower is advised and acknowledges that **this Agreement will be assigned, immediately upon execution, to Yes Plan Financial** for administration and servicing. The Servicing Company will be responsible for: Collecting all payment; Providing statements and notices; Managing defaults and cancellations; and Acting as the Borrower's main point of contact. All obligations of the borrower under this agreement remain binding and enforceable. All rights of the lender, or its assigns, remain in full force and effect. Borrower acknowledges receipt of the Servicing Company's contact information.

1. Cost Disclosure

(a) Insurance Premium [19]	+	$11,110.00
(b) Agency Fee	+	$0.00
(c) Company Fee	+	$0.00
(d) Trans Global Insurance Protection Charges [9]	+	$1,066.34
(e) Admin Fee	+	$50.00
(f) Net Amount	=	$12,226.34
(g) Down payment	-	$0.00
(h) Amount to Finance	=	$12,226.34

2. Rates and Charges

(a) Service Charge Rate		5%
(b) Service Charges	=	$558.00

3. Payment Calculation

(a) The payment schedule you have chosen:	Monthly
(b) Base payment	$1,065.36
(c) Number of Payments	12

4. Term 12 Months

5. Total Amount of all Payments = $12,784.32

6. Amount due at Signing

(a) Down payment	+	$0.00
(b) First Payment	+	$1,065.36
(c) Agency Fee	+	$0.00
(d) Total Amount	=	$1,065.36

7. Payment Schedule

The first payment is due at the time of signing and the remaining 11 payments will continue a Monthly schedule for the remainder of the loan term, with the second payment due on Nov 30, 2025. The loan expires on Sep 30, 2026 and has an Annual Percentage Rate (APR) of 15.0030%.

8. Renewals: You will receive a renewal notice from your Insurance Broker, Go Insurance, prior to the expiration of this Contract. If you choose to renew your insurance policy in coordination with your Insurance Broker, this loan will continue for an additional one-year term. The loan amount may change to reflect the updated insurance premium, and you will be provided with a revised payment schedule before the renewal takes effect.

This Contract will automatically renew for successive terms unless you provide written notice of your intent not to renew your insurance policy at least 30 days prior to the end of the current loan term. Each renewal ensures continuous insurance coverage.

A financing fee of $35 will apply to all subsequent renewals. This clause will remain in effect for as long as you continue to finance your insurance through Glory Hills Services Inc., and all terms and conditions of this Contract will continue to apply to each renewal term.

Initial: _____

9. Trans Global Insurance Payment Protection Disclosure: The optional Payment Protection Plan covers involuntary job loss, critical illness, disability, and life with dismemberment. To be eligible, you must be at least 18 years old on the effective date and a Canadian resident. Charges are 9.1% of your loan payment plus applicable taxes. You may cancel the protection at any time, with full refunds available for cancellations made within 30 days of certificate issuance. Coverage begins once the Insurer receives your insurance enrollment and ends as specified in the insurance certificate or when the Lender completes administrative duties for the Group Policy.

ADDITIONAL TERMS AND CONDITIONS

10. Other Fees

Returned or refused payment due to insufficient funds: $75.00

Request per Administration Service Fee, copies, letters, schedules: $25.00

Payment Hold/Date Change Fee: $25.00

Manual Payment Fee: $10.00

Early Cancellation/Default Fee: $100.00

11. Endorsements: Additional premiums must be paid in full with guaranteed funds or refinanced into the existing Contract, amending the Contract to include all related fees. Amounts refinanced into the existing Contract may be subject to an additional down payment if they exceed $500. Credit endorsements shall be applied to the account until the end of the term and utilized for any policy changes or renewals. In the event that the endorsements are insufficient to cover the policy, the payment schedule may be revised, and pre-authorized payments shall continue until the outstanding balance is fully paid.

11a. Assignment: You assign to us monies paid under the insurance policy. You authorize us to receive and endorse cheques related to the amounts we paid to the insurance carrier on your behalf. If you receive a refund or reimbursement related to this, you will endorse and such cheques or drafts and send them to Glory Hills Services Inc.

12. Default: You will be in default under this Contract if any of the following occurs: (i) You do not make a payment when it is due; (ii) You die during the Contract term; or (iii) You fail to comply with any other term or condition of this Contract. If You are in default of this Contract, we may terminate the Contract, submit to your broker for cancellation, retain the right to refuse reinstatement or rewriting of any terminated Contract. In addition, we will have all other rights and remedies that may be available to us at law and in equity.

(a) If we terminate your Contract, we retain the right to make a final withdrawal for any outstanding balance post insurance cancellation.

(b) Should You fail to pay the balance due promptly, Glory Hills Services Inc. reserves the right to assign the balance due to a third party collection agency of it's choosing without notifying You.

13. Cancellations: The Contract will be terminated if You cancel your insurance policy.

(a) If You terminate your Contract, we retain the right to make a final withdrawal for any outstanding balance post insurance cancellation.

(b) Upon cancellation, Payment Protection Charges and Service Charges under this Contract will be credited back on a additional basis and applied to the outstanding balance.

(c) Credits resulting from the cancellation are owed to Glory Hills Services and will be applied to any outstanding balances owed under this Contract.

(d) Refunds after cancellation of the Contract must be requested and will only be issued via pre-authorized payment to the bank account on file.

14. Taxes and Fees: You will promptly pay all fees, charges, levies, and taxes relating to the Contract.

15. Applicable Law: This agreement shall be governed by the law of the province or territory where the insurance policy is in force. If any provision in this agreement is contrary to applicable law, the remainder of this agreement shall continue in force.

16. Personal Information Waiver: In the event of default, to the extent permitted by law, You hereby waive the benefit of, and waive and release all rights and protection given by any and all provisions of applicable personal information protection legislation, including, without limitation, the *Personal Information Protection and Electronic Documents Act.* You further acknowledge that this agreement constitutes written authorization to us and/or our agents to seek, and obtain from any sources, including, but not limited to, employers, landlords, and personal references (all past and present), updates to Your personal information originally provided to us.

17. Signing

DATED IN THE CITY OF _____ IN THE PROVINCE OF _____

THIS _____ DAY OF _____

Borrower Name: _____

Authorized Signature of Lender: _____

Borrower Signature: _____

Print Name: _____

Date: _____

Title: _____

18. Authorization for Personal Pre-Authorized Debit ("PAD"): You (which in this section only of this Contract also includes any person who has signed below as holder of a PAD Account (as defined below)) authorize us to debit your account indicated below or such other replacement account as indicated on a new void specimen cheque provided by you (each, a "PAD Account"), with the amount of each Regular Payment on the due date thereof (indicated on page 1) and, all other amounts that you may owe to us from time to time under this Contract. In each case, if the date that such debit is to be made is not a business day, then the debit will be made on the next business day. THE FOREGOING PAYMENT AMOUNTS AND THE DUE DATES THEREOF MAY CHANGE, BUT BY SIGNING THIS PAD AUTHORIZATION YOU WAIVE ANY REQUIREMENT THAT WE PROVIDE YOU WITH PRE-NOTIFICATION OF ANY SUCH CHANGE(S). You also authorize us from time to time to debit the PAD Account for prepayments and other amounts, which authorization will require a password, secret code or other equivalent of your signature which will constitute valid authorization for the Processing Institution (as defined below) to debit the PAD Account for such amounts. You acknowledge that this authorization is for the purposes of personal pre-authorized debits. Notwithstanding the foregoing, and for the purposes of clarity, your pre-authorization will be limited to Regular Payments, including Regular Payments that fall on a weekend or holiday (in which case we will debt your account on the new following business day).

Name and Address of Processing Institution (Attach specimen VOID cheque):

Institution Number **Transit Number** **Account Number**

You acknowledge that this authorization is being provided for our benefit and the benefit of the financial institution where the PAD Account is held (the "Processing Institution"), and is being provided in consideration of such Processing Institution agreeing to process pre-authorized debit requests (each, a "PAD") against the PAD Account in accordance with the rules of the Payments Canada.

You may cancel this authorization at any time by giving 30 days prior notice to Glory Hills Services. Such notice may be in writing or may be given orally (if we are able to verify your identity). If you cancel this authorization and do not provide us with alternative pre-authorized debit instructions acceptable to us at least two weeks before the next date that a debit is to be made, you must still arrange for payments to be made in accordance with the terms of this Contract. This authorization only applies to the method of payment under this Contract and neither this authorization nor cancellation thereof affects your obligations under this Contract. To obtain a sample cancellation form, or for more information on your right to cancel a PAD agreement, you may contact your financial institution or visit www.payments.ca

You acknowledge: (i) that this authorization to us also constitutes delivery thereof by you to the Processing Institution, and (ii) that the Processing Institution is not required to verify that each PAD submitted by us has been issued in accordance with this authorization (including the amount) or that the purpose of the payment for which a PAD was made has been fulfilled as a condition of honouring a PAD.

You may dispute a PAD if (i) it was not drawn in accordance with this authorization or (ii) you have cancelled this authorization. In order to be reimbursed for a disputed PAD, you must deliver a written declaration that either (i) or (ii) above took place, to the Processing Institution within 90 days after the date that the disputed PAD was posted to the PAD Account, and if you do not, the disputed PAD must be resolved between yourself and us. You have certain recourse rights if any debit does not comply with this PAD agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.payments.ca.

You warrant to us on a continuing basis that all persons whose signatures are required to deal with the PAD Account have signed this authorization or have provided a separate authorization, and you agree to provide us with updated information in writing concerning any change to the PAD Account.

Account Holder Signature: _____ Date: _____

Account Holder Signature: _____ Date: _____

19. Insurance Premium Summary:

Insurance Carrier:	Intact	Can-Sure Underwriting	Hagerty Insurance	Echelon
Policy Number:	12345678	123	321	3551
Policy Type:	Auto	Boat	Glass	Tenants
Premium:	$1,111.00	$2,222.00	$3,333.00	$4,444.00

Certificate of Insurance

GLORY HILLS PAYMENT PROTECTION POLICY

CERTIFICATE OF INSURANCE
and
DISCLOSURE STATEMENT

Certificate Date: July 15, 2025

Please keep this Certificate in a safe place for future reference.

Glory Hills Insurance Payment Protection Policy (the "Policy") is available to customers on approved applications submitted to **Us** as insured and who have requested the coverage, agreed to pay the premium, and continue to pay premiums on a timely basis. Failure to make premium payments on a timely basis could cause lapses in coverage.

Please see "Termination of Coverage" under Part G, below.

The Policy is underwritten pursuant to Group Policies No.'s GH-0717-P and GH-0717-L, issued to Glory Hills Services Inc. by Trans Global Insurance Company and Trans Global Life Insurance Company along with the following respective coverage they provide under the Policy:

TRANS GLOBAL INSURANCE COMPANY

Group Policy No. GH-0717-P

Part A- Involuntary Unemployment

Part B - Involuntary Unemployment – Self-Employed Individual

TRANS GLOBAL LIFE INSURANCE COMPANY

Group Policy No. GH-0717-L

Part C - Critical Illness

Part D - Disability

Part E - Life with Dismemberment

When **You** enroll in this Policy, you are enrolling directly with Trans Global Insurance Company and Trans Global Life Insurance Company.

The following PARTS are applicable to the coverages provided by Trans Global Insurance Company and Trans Global Life Insurance Company described in PARTS A & B (TGI); and C, D, & E (TGLI); and PARTS F & G (both companies) are applicable to the coverages provided herein.

This Certificate, plus the insurance premium paid monthly directly to **Us** are evidence of **Your** insurance under the Policy. **Your** benefits are based on **Your** monthly Glory Hills Services Inc. insurance financing contract payment obligation.

Please refer to the Definition section or to the applicable description of benefits for the meanings of all bolded terms. Coverage is only available if **You** are a resident of Canada.

WHO IS COVERED

To be eligible to apply for insurance, **You** must be a Canadian resident and be over age 18 on the **Effective Date**. If **You** are 65 (71 in British Columbia) years of age or older at the date of **Your** death, the Life Insurance benefit will be paid only in the event of **Accidental Death.**

Critical Illness coverage ceases at the age of 65. For further clarity, the date of **First Diagnosis** must occur prior to the individual's 65th birthday.

The Involuntary Unemployment, Disability, Critical Illness and, Life and Dismemberment coverages are available only to the person whose name appears on the Glory Hills Services Inc. insurance premium financing contract.

HOW TO CANCEL THIS INSURANCE

Upon receipt of this Certificate, if **You** do not want this insurance, **return this Certificate within 30 days and ask Us in writing to cancel,** and any premiums charged, pursuant to the Group Policies noted above and to this Certificate, will be refunded to **You. You** may cancel any time after 30 days by sending **Us** a request in writing, but **You** will not be entitled to any refund of premiums charged.

If **You** have any questions regarding this Policy of insurance or require claim information, please contact;

TRANS GLOBAL INSURANCE
COMPANY AND TRANS GLOBAL
LIFE INSURANCE COMPANY
16902-137 AVENUE, EDMONTON,
AB T5V 0C8,
TELEPHONE 1-844-930-6022

PART A - INVOLUNTARY UNEMPLOYMENT BENEFIT

BENEFITS

If **You** become involuntarily unemployed after the **Effective Date**, **We** will pay Glory Hills Services Inc, **Your Monthly Payment** on **Your** behalf, retroactively beginning from **Your Date of Loss**, **Your Monthly Payments** as defined in Part F - Definitions. **We** will make **Your Monthly Payment** until **You** return to work full-time, but not to exceed the expiry of this Policy, subject to a maximum of 12 Monthly Payments. When **You** are simultaneously disabled and involuntarily unemployed, **You** are entitled to benefits only under one coverage, not under both. The total monthly Glory Hills Services Inc. payments will not exceed the lesser of the **Outstanding Balance** or $15,000.00

For individuals who may simultaneously be earning income in an employer and employee relationship and operating a business in a self-employed capacity **You** are only entitled to payment of benefits under Part A - Involuntary Unemployment Benefit or Part B – Involuntary Unemployment – Self-Employed Individuals, not under both. In determining payment of benefits in the above -noted situation, **We** reserve the right to choose which stated head of coverage benefits are paid under.

CONDITIONS

To be eligible for involuntary unemployment benefits:

1) To be eligible for involuntary unemployment benefits, **You** must have been insured under the Policy and gainfully employed on a permanent basis, working full-time at the **Date of Loss**, which means working at least 25 hours each week.
2) Be the age of majority in the Province on the **Effective Date**;
3) **You** shall have been involuntarily unemployed for more than 30 consecutive days;
4) Prior to **Your** involuntary unemployment, **You** shall have been paying employment insurance premiums to Canada Revenue Agency (CRA) and/or any of its successor entities. **Within 15 days of Your involuntary unemployment, You must have registered with Canada Employment Insurance Commission to receive employment insurance benefits.**
5) While **You** are involuntarily unemployed, **You** must be available to work full-time, and **You** may be required to provide evidence that **You** are actively seeking employment.

EXCLUSIONS

We shall not be liable for involuntary unemployment benefits due to:

1) Unemployment for any reason beginning within 30 days from the **Effective Date**;
2) Unemployment known by **You** to be impending at the time of application for insurance;
3) Loss of seasonal employment;
4) Strikes or lockouts, whether or not **You** participate voluntarily;
5) Disability for which benefits are payable under this Policy;
6) Discharge for cause by **Your** employer;
7) Pregnancy or childbirth, maternity, paternity or adoption leave;
8) Family medical or caregiver leave;
9) Voluntary unemployment;
10) Criminal charges having been laid against **You** and any resulting incarceration;
11) Failure to pay child maintenance support payments, spousal support payments or alimony;
12) Loss of self-employment; see Part B
13) Retirement, whether voluntary or mandatory;
14) Any of the exclusions listed under the heading "General Exclusions" found in Part G – General Provisions.

RE-ELIGIBILITY

If **You** return to work for less than 6 consecutive months after receiving benefits under this Part A and suffer another period of at least 30 consecutive days of involuntary unemployment, **You** will only be eligible for any remaining benefits of the maximum Monthly Payments from the previous claim. However, if **You** have returned to full time employment (at least 25 hours per week) for at least 6 consecutive months after receiving benefits under this Part A, **Your** coverage will be reinstated for up to the contracted month benefits (subject to the $15,000 maximum limit) for subsequent periods of covered involuntary unemployment.

PART B – INVOLUNTARY UNEMPLOYMENT – SELF EMPLOYED INDIVIDUALS

BENEFITS

If **You** become involuntarily unemployed, as a self-employed individual as a result of **Your** business being involuntarily petitioned into bankruptcy by **Your** creditors, and **You** remain unable to generate any income during the period of 30 consecutive days after the **Effective Date** and while insured. **You** may be entitled for benefits under the Trans Global Insurance, (TGI) Involuntary Unemployment insurance for self - employed individuals.

Upon eligibility, **We** will pay the monthly Glory Hills Services Inc. payments on **Your** behalf, retroactively beginning from **Your Date of Loss**, **Your Monthly Payments** as defined in Part F - Definitions. **We** will make **Your Monthly Payment** until **You** return to work full-time, subject to a maximum of 12 Monthly payments. When **You** are simultaneously disabled and involuntarily unemployed, **You** are entitled to benefits only under one coverage, not under both. The total **Monthly Payments** will not exceed the lesser of the **Outstanding Balance** at the **Date of Loss** or the maximum of $15,000.00

For individuals who may simultaneously be earning income in an employer and employee relationship and operating a business in a self -employed capacity, **You** are only entitled to payment of benefits under Part A-Involuntary Unemployment Benefit or Part B-Involuntary Unemployment-Self Employed Individuals, not under both. In determining payment of benefits in the above noted situation, **We** reserve the right to choose which stated head of coverage benefits are paid under.

CONDITIONS

1) Qualifications for eligibility under the policy for involuntarily unemployment for self-employed individual benefits, **You** must have been insured under the Policy and working in a capacity earning taxable revenue pursuant to the Canada Income Tax Act on a permanent basis, working full -time at the **Date of Loss**, (which is defined as working a minimum of 25 hours each week), in a legally incorporated business that has been operating in Canada for a period of no less than 2 continuous years prior to the **Effective Date** of the Trans Global insurance policy.
2) **You** shall have been involuntarily unemployed for more than 30 consecutive days;
3) Prior to **Your** involuntarily unemployment, as a self-employed individual, **You** shall have been paying employment insurance premiums to Canada Revenue Agency (CRA) and/or any of its successor entities. **Within 15 days of Your involuntary unemployment, You must have registered with Canada Employment Insurance Commission to receive employment insurance benefits.**
4) Be approved by Canada Employment Insurance Commission for receipt of benefits under the Canada Employment Insurance Program as set out in the Canada Employment Insurance Act.
5) While **You** are involuntarily unemployed, as a self-employed individual, **You** must be available to work full-time and **You** may be required to provide evidence that **You** are actively seeking employment.

EXCLUSIONS

We shall not be liable for involuntary unemployment for self-employed individual benefits due to:
1) Unemployment for any reason beginning within 90 days from the **Effective Date;**
2) Unemployment known by **You** or should have been known to **You** impending at the time of application for insurance;
3) Strikes or Lockouts, whether or not **You** or **Your** business participate voluntarily;
4) Disability for which benefits are payable under this Policy;
5) Discharged for cause by a hiring company or customer;
6) Pregnancy, or childbirth and maternity, paternity or adoption leave;
7) Family medical or Caregiver leave;
8) Voluntary unemployment, **You** refused to complete work, as contracted or as outlined in job specifications
9) Failure to comply with safety regulations and conditions required by trade unions, associations or provincial health and safety regulators;
10) Criminal charges having been laid against **You** and resulting incarceration;
11) Failure to pay child maintenance, support payments, spousal support or alimony;
12) Inability to travel for work related reasons due to loss of passport or visa conditions;
13) Closure of business as a result of gross or willful misconduct, negligence, voluntary forfeiture of salary, wages or income;
14) Retirement, whether voluntary or mandatory;
15) Any of the exclusions listed under the heading “General Exclusions” found in Part G – General Provisions.

RE-ELIGIBILITY

If **You** return to work in a capacity of self-employment for less than 6 consecutive months after receiving benefits under Part B and suffer another period of at least 90 consecutive days of involuntary unemployment, for self-employed individuals, **You** will only be eligible for any remaining benefits of the maximum 12 Monthly Payments from the previous claim. However, **You** must be working in a new business capacity earning taxable revenue pursuant to the Canada Income Tax Act on a permanent basis, working full-time at the **Date of Loss**, which is defined as working a minimum of 25 hours each week, in a legally incorporated business that has been operating in Canada for a period of no less than 2 continuous years prior to the **Effective Date** of the Policy. After 6 consecutive months, **Your** coverage will be reinstated for up to another 12-month benefit period (subject to the $15,000.00 maximum policy limit) for subsequent periods covered by involuntary unemployment for self-employed individuals.

NOTICE OF LOSS in writing may be filed with Trans Global Insurance Group at the office address set out at the beginning of this Certificate within **90 Days from the date of such loss**.

Failure to report a loss within the stated period of time will invalidate any claim in respect of such loss.

PROOF OF LOSS in writing and any required receipts or reports must be furnished to **Us** at the office address set out at the beginning of the Policy within 90 days from the date of such loss. Subsequent written proofs of continuance of such loss must be furnished at such intervals as **We** may require. Costs incurred by **You** to obtain proof or evidence of **Your** loss will be at **Your** own expense.

Bankruptcy court documents must be provided to **Us** at the address set out at the beginning of the Policy showing proof of filed bankruptcy along with the name of the appointed trustee of bankruptcy. **We** may at **Our** discretion require financial statements showing proof of documented evidence of the past 3 years of business operations, business tax returns for the evidence of filing with Canada Revenue Agency (CRA), along with individual and spouse tax returns for the past 3 years showing evidence of filing with Canada Revenue Agency(CRA). **We** may also require the most recent copy of articles of incorporation and business license of the business at the time of the claim.

PART C – CRITICAL ILLNESS BENEFIT

BENEFITS

If, after the **Effective Date** and while insured, **You** are diagnosed with a Critical Illness for the first time in **Your** life and survive that **First Diagnosis** for at least 30 days, **We** will pay to Glory Hills Services Inc. an amount equal to the **Outstanding Balance** as on the date of the **First Diagnosis** of the Critical Illness. The total benefits paid will not exceed the lesser of the **Outstanding Balance** or $15,000.00.

CONDITIONS

1) Critical Illness coverage under Part C ceases to an individual once they attain the age of 65. The date of **First Diagnosis** must occur prior to the individuals 65th birthday.
2) The Critical Illnesses covered under this Policy are Life Threatening Cancer, Heart Attack, Stroke, Coronary Artery Bypass Graft, Kidney Failure and Major Organ transplant. Full definitions of these Critical Illnesses along with any limitations are found below.
3) Under this Certificate, the Critical Illness benefit will be paid only once for **You**. After the Critical Illness benefit is paid, **You** remain eligible for benefits described under Parts A, B, D, & E of this Certificate.
4) Proof of loss satisfactory to **Us must be submitted within 90 days of First Diagnosis**. The diagnosis must be made in writing by a licensed physician and be supported by medical evidence that **We** require or may require.

EXCLUSIONS

We do not pay a benefit for a particular Critical Illness if:

1) that Critical Illness resulted directly or indirectly from any of the exclusions listed under the heading "General Exclusions" found in Part G – General Provisions;
2) that Critical Illness existed, or was First Diagnosed, prior to the **Effective Date** or within 90 days after the **Effective Date**.

CRITICAL ILLNESS DEFINITIONS & LIMITATIONS
CRITICAL ILLNESS

FIRST DIAGNOSIS & FIRST DIAGNOSED means the date on which a licensed physician establishes the diagnosis of a Critical Illness.

Only the following Critical Illnesses, as defined below, are covered under this Certificate:

1) Cancer (Life Threatening) – Meaning any malignant tumor characterized by the uncontrolled growth and spread of malignant cells and invasion of tissue. The diagnosis must be made in writing by a physician and be confirmed by histological examination of the involved tissue. Under this Certificate Cancer includes leukemia and Hodgkin's disease but does not include:

a. All tumors which are histologically described as pre-malignant, as non-evasive or as cancer in situ;
b. Stage A prostate cancer, Duke's Stage A colon cancer, or any pre-malignant lesions, benign tumors or polyps;
c. Kaposi's sarcoma or cancerous tumors in the presence of Human Immunodeficiency Virus;
d. Any skin cancer that is not malignant invasive melanoma and that has not exceeded .75 millimeters in depth.

2) Heart Attack – Meaning the death of a portion of the heart muscle as a result of inadequate blood supply that has resulted in all of the following evidence of acute myocardial infarction:

a. Typical chest pain;
b. New characteristic electrocardiographic (ECG) changes; and
c. The characteristic rise of cardiac enzymes, troponins or other biochemical markers.
d. Other acute coronary syndromes, including but not limited to angina, are not covered under this definition.

3) Stroke – Meaning any cerebrovascular incident, excluding transient ischemic attack (mini stroke), producing death of a portion of the brain as a result of thrombosis, intracranial or subarachnoid hemorrhage or embolization from an extracranial source and with objective evidence of a new permanent neurological deficit persisting for more than 30 days.

4) Coronary artery bypass graft – means the undergoing of heart Surgery to correct the narrowing or blockage of one or more coronary arteries using venous or arterial grafts. Coronary artery bypass graft does not include;

a. Angioplasty (percutaneous transluminal coronary angioplasty);
b. Laser relief of an obstruction; stern insertion; coronary angiography; or
c. Any other intra-catheter technique.
d. The Surgery must be deemed medically necessary by a physician who is a board-certified cardiologist.

5) Kidney Failure - means end stage, irreversible failure of both kidneys to function, provided that a physician who is board certified has determined that such failure requires either:

a. Immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least six months; or
b. A kidney transplant.

6) Major Organ Transplant – means the actual undergoing as a recipient of a transplant of a heart, lung, pancreas, kidney or liver.

PART D – DISABILITY BENEFIT

BENEFITS

If **You** are totally disabled and as a result are unable to work, while **You** are covered under the Policy, **We** will make **Your Monthly Payments**, as defined in Part F - Definitions, to Glory Hills Services Inc. on **Your** behalf during the term of **Your** total disability beginning retroactively with **Your Date of Loss** and until **You** are able to return to work, subject to a maximum 12 Monthly Payments guidelines based on the Premium type. The total benefits paid will not exceed the lesser of the **Outstanding Balance** or $15,000.00.

CONDITIONS AND LIMITATIONS

1) **You** must become, after the **Effective Date**, totally and continuously disabled as the result of accidental bodily injury or sickness and shall be regularly attended by a licensed physician or surgeon other than **Yourself** and, in the opinion of the physician or surgeon, be prevented from engaging in any business or employment for which **You** are reasonably fitted by training, experience or education, and shall remain so totally disabled for more than 30 consecutive days.
2) To be eligible for disability benefits, **You** must have been insured under the Policy and gainfully employed on a permanent basis, working full-time at the **Date of Loss**, which means working at least 25 hours each week.
3) **We** will require **Your** attending physician or surgeon to send **Us** a written statement, on a form provided by **Us** or acceptable to **Us**, during the initial period of disability indicating that **You** were totally disabled and unable to resume employment because of the disability. **You** may be required to provide subsequent verification of continued disability.
4) Benefits will end once **Your** doctor or attending physician allows **You** to return to work on a full-time, part-time, or modified basis.
5) When **You** are simultaneously disabled and involuntarily unemployed, **You** are entitled to benefits only under one coverage, not under both.

EXCLUSIONS

We do not pay a disability benefit if **Your** disability resulted directly or indirectly from:

1) any of the exclusions listed under the heading "General Exclusions" found in Part G – General Provisions;
2) a pre-existing condition, if **Your** disability commences anytime during the first 12 months of coverage. For the purposes of this exclusion, **We** define a pre-existing condition as any sickness or injury for which **You** received medical advice, consultation, diagnosis, investigation, or for which treatment was required or recommended by a doctor during the 6 months prior to the **Effective Date** of **Your** coverage;
3) a nervous, mental, psychological, emotional or behavioral disorder or condition unless **You** are under the full-time care of a licensed psychiatrist;
4) a Critical Illness for which a benefit has been paid under Part C- Critical Illness, of this Plan;
5) normal pregnancy;
6) foreign travel or residence;
7) Flight on non-scheduled aircraft.

RE-ELIGIBILITY

When payments have been completed for a claim under these disability provisions, **You** must resume permanent full-time employment 25 or more hours per week for a period of 60 consecutive days to become eligible for a further disability claim.

PART E - LIFE WITH DISMEMBERMENT BENEFIT

BENEFITS

We will pay to Glory Hills Services Inc., on **Your** behalf, upon due proof of the death or dismemberment of **You** occurring after the **Effective Date** and while **You** are covered under the Policy an amount of insurance equal to the **Outstanding Balance** of the account at the date of death or dismemberment to a maximum of $15,000. If **Your** death or dismemberment occurs simultaneously, only one benefit will be paid on **Your**behalf.

DISMEMBERMENT

Dismemberment means accidental bodily injuries that are sustained directly and independently of all other causes resulting in the total and irrevocable loss of the entire sight of both eyes, or a hand or foot by complete severance through or above the wrist or ankle joint.

AGE LIMITATION

If **You** are 65 (71 in British Columbia) years of age or more at the date **Your** death, the Life insurance benefit for **You** will be paid only in the event of accidental death. Accidental death shall mean death through accidental means sustained directly or independently of all other causes and occurring within 90 days from the date of accident.

EXCLUSIONS

We do not pay a benefit if the death or dismemberment resulted directly or indirectly from:

1) Any of the exclusions listed under the heading "General Exclusions" found in Part G – General Provisions.
2) A pre-existing Condition, if **You** die within 6 months of the **Effective Date** from that pre-existing condition. For the purposes of this exclusion, **We** define a pre-existing condition as any sickness or injury for which **You** received medical advice, consultation, diagnosis, investigation, or for which treatment was required or recommended by a doctor during the 6 months prior to the **Effective Date** of **Your** coverage.
3) A critical Illness for which a benefit has been paid under Part C – Critical Illness – of this Policy.

PART F - DEFINITIONS

DATE OF LOSS is the date the event or occurrence or, in the case of total disability or involuntary unemployment, the commencement thereof, giving rise to a claim under the Policy.

EFFECTIVE DATE For the coverage's provided under Parts A, B, C, D, and E, the **Effective Date** is the date that **We**, or Glory Hills Services Inc., receive **Your** application for Payment Protection Insurance.

FIRST DIAGNOSIS & FIRST DIAGNOSED means the date on which a licensed physician establishes the diagnosis of a Critical Illness.

CHARGES FOR INSURANCE AND METHOD FOR DETERMINATION

MONTHLY PAYMENT(S) is based on the insurance premium financing payment obligation amounts that make up **Your** Glory Hills Services Inc. **Outstanding Balance**.

OUTSTANDING BALANCE is the total of **Your** insurance premium financing payment obligation amounts owing on **Your** Glory Hills Services Inc. insurance premium financing contract as of **Your Date of Loss**.

YOU, YOUR and YOURSELF means the individual whose name appears on the Glory Hills Services Inc. insurance premium financing contract account and is responsible for the outstanding debt.

WE, **US** and/or **OUR** refers to Trans Global Life Insurance Company and or Trans Global Insurance Company.

PART G - GENERAL PROVISIONS

BENEFICIARY - Benefits payable under Parts A, B, C, D, & E of the Policy shall be paid to Glory Hills Insurance, as irrevocable Beneficiary, to be applied by the Glory Hills insurance premium financing contract toward the discharge of the **Outstanding Balance**.

CERTIFICATE - This Certificate of Insurance, which replaces all other certificates previously issued to

Glory Hills Services Inc. insurance premium financing customers who have enrolled in the Policy, contains all the insuring terms and conditions between **You** and **Us**. In the event of any inconsistencies or ambiguities between this Certificate and the Group Policies Numbers GH-0717-P & GH-0717-L regarding **Your** coverage, the terms of this Certificate will prevail. Copies of the Group Policies are available by contacting Trans Global Insurance Group.

MAKING A CLAIM

CLAIM FORMS may be obtained by calling 1-844-930-6022 or by downloading the claim form at https://transglobalinsurance.ca/claims/.

NOTICE OF LOSS in writing must be filed with Trans Global Insurance Group at the office address set out at the beginning of this Certificate within 90 days from the date of such loss. Failure to report a loss within the stated period of time will invalidate any claim in respect of such loss.

PROOF OF LOSS in writing and any required receipts or reports must be furnished to Trans Global Insurance Group at the office address set out at the beginning of this Certificate within 90 days from the date of such loss. Subsequent written proofs of continuance of such loss must be furnished at such intervals as **We** may require. Costs incurred by **You** to obtain proof or evidence of **Your** loss will be at **Your** own expense.

You will provide written authorization for **Us** to make inquiries of **Your** past and present employers for the settlement of **Your** Disability and Involuntary Unemployment claims, and of **Your** medical or other health care practitioners for the settlement of **Your** Life With Dismemberment, Critical Illness and Disability claims as We consider necessary.

GENERAL EXCLUSIONS

No benefits will be paid under the Policy's Life and Dismemberment, Disability, Involuntary Unemployment or Critical Illness coverages if the loss was, directly or indirectly, caused by:

1) an attempted suicide or suicide, while sane or insane, within two years of the **Effective Date;**
2) an intentionally self-inflicted injury;
3) the commission, or attempted commission, of an illegal act;
4) military service, declared or undeclared war, or any nuclear, chemical, or biological contamination resulting from an act of terrorism; or
5) Alcohol or solvent abuse, or the taking of illegal drugs or prescription drugs except where prescribed by a licensed doctor and taken as directed.

COMPLAINT PROCEDURES

If **You** have a complaint or inquiry about any aspect of this insurance coverage, please call 1- 844-930-6022 between 8:00 am and 5:00 pm (MT), Monday to Friday. If for some reason **You** are not satisfied with the resolution to **Your** complaint or inquiry, please see **Our** complaint resolution processes which can be found at: https://transglobalinsurance.ca/resolving- complaints/.

YOURYOUR PRIVACY MATTERS TO US

We are committed to protecting **Your** privacy. **We** respect **Your** privacy and want **You** to understand how **We** collect and use **Your** personal information.

How We Collect Your Information

We collect and keep information about **You**, which is needed to provide the products and services **You** request. **We** collect information from **You**, either directly or through **Our** representatives. **We** may also need to collect information about **You** from sources such as hospitals, doctors and other health care providers, the Medical Information Bureau, the government (including government health insurance plans) and other governmental agencies, other insurance companies, financial institutions, motor vehicle reports, and **Your** current and former employer.

How We Use Your Information

We use **Your** information to provide the products and services **You** request, which includes using it to evaluate insurance risk and manage claims. **We** may also share **Your** information with other third parties, when it is necessary for the services **We** provide to **You**. Third parties may include other insurance companies, the Medical Information Bureau, financial institutions, third party administrators, and any references **You** provide. **We** may use **Your** information internally, to prepare statistical reports that help **Us** understand the needs of **Our** customers and that help **Us** understand and manage **Our** business. For these purposes, where a third-party service provider is located outside of Canada, the service provider is bound by, and the information may be disclosed in accordance with, the laws of the jurisdiction in which the service provider is locate d. **You** may request to review **Your** personal information in **Your** file or request to make a correction by writing to:

The Privacy Officer, Trans Global Life Insurance Company/Trans Global Insurance Company
Attention: Chief Privacy Officer
16904 – 137 Avenue NW, Edmonton, Alberta T5V 0C8
For more information on privacy at Trans Global Insurance, visit www.transglobalinsurance.ca/about-**us**/privacy-policy

LEGAL PROCEEDINGS

No legal action may be brought against **Us**, unless it is brought within 24 months after the **Date of Loss**; or the shortest applicable limit of time established by law. 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. The benefits payable under this Policy are based on **Your Outstanding Balance** on the **Date of Loss**. Any changes made on **Your** Insurance Payment Protection Policy after the **Date of Loss** but during the benefit period will not be included in the calculation of **Your** benefits.

The benefits payable under this Policy are calculated on **Your** Outstanding Glory Hills insurance premium Balance on the **Date of Loss**. Any purchases or charges made on **Your** Monthly Insurance Payment Protection Policy after the **Date of Loss** and during the period for which **You** are collecting benefits will not be included in the calculation of **Your** benefit.

MISSTATEMENT OF AGE - Our liability is limited to a refund of all premiums **You** have paid when **You** misstated **Your** age to **Us** at the time **You** provided to Us **Your** application for insurance.

PREMIUM RATE - The premium charged under the Policy as outlined in the statement of disclosure on **Your** "Glory Hills Services Inc. insurance premium financing contract" along with applicable taxes. For example, if **Your** Insured Glory Hills Services Inc. insurance premium financing contract Balance is $400, **Your** premium billed would be $36.40 plus applicable taxes, and if **Your** Glory Hills Services Inc. insurance premium financing contract is zero, **Your** premium would be zero.

PREMIUM RATE AND/OR POLICY CHANGE - **We** reserve the right to establish new premium rates and cancel or modify any terms of the Policy. **You** and Glory Hills Services Inc. will receive at least 31 days written notice of any change to premium rates or terms of the Policy.

REFUNDS - In the event of termination of **Your** Coverage, **We** will credit **Your** Glory Hills Services Inc. insurance premium financing Contract on a Pro Rata basis with any unearned premium paid by **You.** No refund or credit will be made if the amount is less than One Dollar ($1.00).

SUBROGATION - In the event of any payment under this insurance, **We** shall be subrogated to all **Your** rights of recovery and **You** shall execute and deliver all papers and do whatever is necessary for **Us** to secure those rights.

TERM AND TERMINATION OF COVERAGE

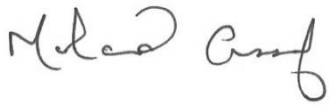
The term of the insurance provided under this Certificate commences upon **Your** agreement to purchase the insurance coverage hereunder and will end on the sooner of:

1) the next billing date after **We** or Glory Hills Services Inc. receive **Your** written request to end this insurance coverage, or
2) 31 days from the date **We** or Glory Hills Services Inc. send **You** written notice, by first class mail to **Your** last known address, to cancel this insurance, or
3) the date **Your** account is terminated, on receipt of notice of termination by the insurer, or
4) the date **You** are more than 30 days delinquent in making any required payments on **Your** Insured Glory Hills Services Inc. insurance premium financing contract; however, **Your** insurance coverage will be automatically reinstated when **Your** Glory Hills Services Inc. insurance premium contract becomes current.

TRANS GLOBAL INSURANCE COMPANY

&

TRANS GLOBAL LIFE INSURANCE COMPANY



TRANS GLOBAL
INSURANCE

MOE ASSAF, PRESIDENT