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

Personal Loan Disability and Job Loss Protection Insurance - Group Insurance Policy number 20260012

TYPE OF INSURANCE PRODUCT AND WHO SHOULD BUY IT

Group creditor Disability and Job Loss insurance underwritten on Personal Loans with Fairstone Financial Inc. (hereafter referred to as “Fairstone”) and payable upon the Insureds’ Total Disability or Job Loss.

NAME AND ADDRESS OF THE INSURER:

Triton 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: 2001065561

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

Insured Borrower:	When **you** take out a Personal Loan, **you** are the **Borrower.**
Disability:	Means **Total Disability**.
Employer Termination:	The employer ends the employment relationship with **you**.
Job Loss:	When **you** have become involuntarily unemployed due to a **Layoff**, **Employer Termination** or **Lockout**.
Layoff:	The employer suspends the employment for a non-seasonal **Layoff**.
Lockout:	When the employer temporarily closes **your** place of employment without formally ending its employment relationship with **you** and the other employees.
Principal Job:	A job where **you** are working for salary or wages at least 120 hours per month for one employer.
Seasonal Worker:	An applicant whose income was verified by Fairstone utilizing one of the approved methods for **Seasonal Workers**.
Total Disability/ Totally Disabled:	A disability caused by an accidental injury or by sickness which continues uninterrupted for 30 or more consecutive days and causes you to be unable to perform any duties of your **Principal Job**. If You are a **Seasonal Worker**, the disability would cause you to be unable to perform any duties of your seasonal employment.
We / Us / Our:	Triton Insurance Company
You / Your:	The **Insured Borrower**.

A. DESCRIPTION OF THE PRODUCTS OFFERED

1. WHAT IS COVERED:

If **you** become **Totally Disabled** or lose **your Principal Job**, the insurance may pay the monthly loan payments.

There are conditions, maximums and exclusions.

2. PERSONS COVERED

Only the **Borrower** can be covered for the **Disability** and **Job Loss** insurance.

3. YOU CAN BE COVERED IF YOU:

1) have a Personal Loan with Fairstone;
2) will not reach **your** 71st birthday before the Final Loan Payment Due Date shown in the "Details of Your Personal Loan" in your Personal Loan document; and
3) have signed the application form.

A. for the Disability coverage, you must also:

a) be working at **your Principal Job** on the **Effective Date**; or
b) if a **Seasonal Worker**, **your** income was verified by Fairstone using a **Seasonal Worker** verification.

B. for Job Loss coverage, you must purchase the optional Disability coverage from us at the same time as your Personal Loan and:

a) be working at **your Principal Job** for the 90 days immediately prior to the Date the insurance begins;
b) be currently paying Employment Insurance (EI) premiums, if working in Canada; and
c) not be self-employed, seasonally employed or an active member of the military.

4. AMOUNT OF INSURANCE

The Monthly benefit **we** would pay, is equal to the LESSER of:

1) **your** monthly loan payment; or
2) $1,250.

The benefit will be based on the number of days **you** were disabled or unemployed. **We** will not pay more than 12 months over the term of the insurance coverage for **Job Loss**.

There are also some limitations and exclusions. Please see section "B" below.

5. COST OF INSURANCE

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

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** 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:

1) the term of **your** Personal Loan; or
2) 60 months.

Your insurance may also terminate earlier for several other reasons, as shown in **your** insurance certificate, section C2 "When Your Coverage Ends".

8. MINIMUM PERIOD OF DISABILITY OR JOB LOSS TO RECEIVE BENEFIT

We will pay a **Disability** or **Job Loss** benefit after **you** have been **Totally Disabled** or without **Your Principal Job** for 30 consecutive days. Benefits payments will begin after this period of 30 days and will include **your** first 30 days of **Total Disability** or **Job Loss**.

9. MISSTATEMENT OF AGE

We will cancel the insurance from the date of purchase if **you** misstate **your** age and would not have qualified because of **your** age. **We** must discover the misstatement of **your** age within the first three years of the effective date shown on **your** insurance certificate and while **you** are still alive. **We** must process the rescission of **your** coverage within 60 days of the discovery.

B. EXCLUSIONS, RESTRICTIONS OR REDUCTION IN COVERAGE

1. DISABILITY INSURANCE

LIMITATION

You are responsible for the difference due on **your** Personal Loan if **your** monthly benefit is less than **your** current monthly Personal Loan payment.

EXCLUSIONS

We will not pay benefits if **your Disability** is the result of any of the following:

1) normal pregnancy;
2) an accidental injury suffered or sickness contracted outside of Canada or the United States of America;
3) an act of war, whether or not war has been declared; or
4) an intentional self-inflicted injury.
5) a **Total Disability** that does not require regular treatment by a physician.

EXCLUSION FOR PRE-EXISTING CONDITIONS

We will not pay benefits if the **Disability** is the result of an illness, disease or physical condition for which medical diagnosis, advice, consultation or treatment was required or recommended within the six month period immediately preceding the date **you** bought the insurance and which causes **your Total Disability** within six months after that date.

As an example, if **you** had a heart attack three months before buying this insurance, and **you** become disabled because of the heart condition during the 4th month after buying this insurance, **you** will not be covered for that **Disability**. However, if **your Disability** was caused by, let's say, an accident or a cancer, **you** may be covered. If **you** become **Totally Disabled** due to **your** heart condition after six months from the date **you** bought the insurance, then **your Disability** would be covered.

2. JOB LOSS INSURANCE

EXCLUSIONS

This Insurance does not cover any period of **Job Loss** when **you**:

- are laid off due to normal and routine shut-down after which **you** expect to be rehired;
- were aware on or prior to the beginning of **your** insurance that **you** would lose **your Principal Job**;
- quit, take a voluntary leave of absence, or retire;
- lose **your** Principal Job due to the expiration of a specified period of work or the completion of work where **you** were employed under a contract;
- lose **your Principal Job** due to an accidental injury or sickness;
- lose **your Principal Job** due to the use of alcohol, narcotics, or drugs;
- lose **your Principal Job** because you broke a rule of action established by **your** employer, committed a prohibited act, or purposely failed to do the duties of your **Principal Job**;
- lose **your Principal Job** due to criminal misconduct;
- are out on strike or lose **your Principal Job** because **you** were on strike;
- are seasonally employed;
- lose **your Principal Job** within 30 days after the beginning of **your** insurance unless this insurance replaces previous coverage on a loan renewed or refinanced with Fairstone under the Group Policy without interruption; or
- lose **your Principal Job** while working outside of Canada or the United States of America.

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 premium paid beyond the effective date of cancellation of this insurance 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 products described in this Summary, or to obtain a copy of the group insurance policy, **you** can contact **us** or visit **our** website www.tritoninsurancecompany.ca. **Our** contact information can be found on the first page of this Summary. **You** can also contact the distributor. Its contact information is also available on the first page of this Summary.

E. CLAIMS

IF YOU HAVE A CLAIM:

We should be notified within 60 days, or as soon as reasonably possible, after **you** become **Totally Disabled** or lose **your Principal Job**. **We** may not pay **your** claim if **we** receive the notification later than three years after **you** become **Totally Disabled** or lose **your Principal Job**.

CLAIM FORMS

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

In order to submit a claim for **Job Loss**, there might be additional requirements, please refer to the specimen insurance certificate.

Within 30 days after receiving due proof of loss, **we** will either:
1) pay the benefit under **your** insurance certificate; or
2) inform **you**, the claimant, in writing why **we** believe that no benefit is payable.

The first payment of benefits will be made no later than 30 days after receipt of due proof of loss. However, **we** will never pay before **you** have been **Totally Disabled** or involuntarily unemployed from **your Principal Job** for at least 30 consecutive days. Subsequent payments, if qualified for, will be made monthly.

TO WHOM WE WILL MAKE OUR PAYMENTS

In the event of **Total Disability** or **Job Loss**, **we** will pay any insurance benefits to Fairstone to be applied as payments on **your** 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.tritoninsurancecompany.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.tritoninsurancecompany.ca/concerns.