

**Symple Loans Payment Protection Insurance
Certificate of Insurance & Disclosure Statement**

Certificate Date: September 13, 2021

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

Symple Loans Payment Protection Insurance ("PPI Insurance") is optional creditor's group insurance coverage available to individual loan customers of Symple (Canada) Financial Group Ltd. on approved loan applications, provided the customer has requested the coverage and has paid the premium for the PPI Insurance.

PPI Insurance is made available to eligible loan customers pursuant to Group Policy No. SL-05012021-P, issued to Symple (Canada) Financial Group Ltd. ("Symple Loans") by Trans Global Insurance Company, and Group Policy No. SL-05012021-L, issued to Symple Loans by Trans Global Life Insurance Company (collectively referred to as the "Group Policies"). The insurance coverages provided under the two Group Policies are:

TRANS GLOBAL INSURANCE COMPANY ("TGI") Group Policy No. SL-05012021-P

Part A – Involuntary Unemployment

Part B – Involuntary Unemployment –Self Employed Individual

TRANS GLOBAL LIFE INSURANCE COMPANY ("TGLI") Group Policy No. SL-05012021-L

Part C – Critical Illness

Part D – Disability

Part E – Life with Dismemberment

When You enroll in PPI Insurance, You are enrolling for insurance coverage directly with Trans Global Insurance Company and Trans Global Life Insurance Company (collectively referred to as "Trans Global"). This Certificate, plus the insurance premiums added on Your Symple Loans Payment and remitted to Trans Global, are evidence of Your insurance coverage under the Group Policies in respect of your Symple Loan. Your insurance benefits are based on Your Symple Loans Outstanding Balance, provided Your insurance coverage has not been terminated in accordance with the provisions outlined in this Certificate of Insurance. Please see "Term and Termination of Coverage" under Part G, below.

WHO IS COVERED

PPI Insurance coverages are only available to the Borrower. The "Borrower" is the individual whose name appears on the Symple Loans' loan agreement (the "Loan Agreement").

PREMIUM RATE - The insurance premium charged for the PPI Insurance is 5.5% x Your Total Financed Loan Amount as detailed on Your Symple Loans' Loan Agreement (see attached Declaration Summary). For example, if Your Insured Symple Loans Total Financed Loan Amount is \$2,000, Your insurance premium to be included in Your Symple Loans Payment would be \$110, plus applicable taxes.

PREMIUM RATE AND/OR POLICY CHANGE - We reserve the right to cancel or modify any terms of the PPI Insurance. You and Symple Loans will receive at least 31 days prior written notice of any change to the terms of the PPI Insurance.

REFUNDS - In the event of termination of Your coverage, We will credit Your Symple Loans Outstanding Balance, on a pro rata basis, with any unearned premium paid by You. No refund or credit will be made to You if the amount is less than one dollar (\$1.00).

HOW TO CANCEL THIS INSURANCE

Upon receipt of this Certificate of Insurance, if You do not want this PPI Insurance, please contact Us and provide Us with Your cancellation request in writing. If We receive Your cancellation request within 30 days of enrollment, any premiums added to Your loan pursuant to the Group Policies and this Certificate of Insurance will be reversed. If Your cancellation request is received after 30 days, any premiums added to Your loan pursuant to the Group Policies and this Certificate of Insurance will be reversed on a pro rata basis.

If You have any questions regarding this Certificate of Insurance or require claim information, please contact US at:

TRANS GLOBAL INSURANCE GROUP
SUITE 275, 16930-114 AVENUE, EDMONTON, AB T5M 3S2,
TELEPHONE 1-844-930-6022

PART A - INVOLUNTARY UNEMPLOYMENT BENEFIT

BENEFITS

If You become involuntarily unemployed after the Effective Date, We will pay Your Symple Loans Payment on Your behalf, retroactively beginning from Your Date of Loss. We will make Your Payment until You return to work full-time, subject to a maximum of 12 months of coverage. When You are simultaneously disabled and involuntarily unemployed, You are entitled to benefits only under one coverage, not under both. The total Payments We will make under this Certificate of Insurance will not exceed the lesser of the Outstanding Balance or a maximum of \$60,000.

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, Trans Global reserves the right to choose which stated head of coverage benefits are paid under.

CONDITIONS

To be eligible for involuntary unemployment benefits:

- 1) You must have been insured under the PPI Insurance 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) You must be the age of majority in the province that the Symple Loans' Loan Agreement was entered into.
- 3) You shall have been involuntarily unemployed for more than 30 consecutive days;
- 4) Prior to Your involuntary unemployment, Your employer shall have been paying employment insurance premiums to Canada Revenue Agency (CRA) and/or any of its successor entities, on Your behalf. 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 this PPI 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 PPI Insurance;
- 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 12 months of coverage 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 12 months of coverage (subject to the \$60,000 maximum aggregate limit for all involuntary unemployment benefit claims under this Certificate) 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 to benefits under the Involuntary Unemployment insurance coverage for Self-employed Individuals.

Upon confirmation of eligibility, We will pay to Symple Loans' on Your behalf, retroactively beginning from Your Date of Loss, Your Payments as defined in Part F – Definitions. We will make Your Payment until You return to work full-time,

subject to a maximum of 12 months of coverage. When You are simultaneously disabled and involuntarily unemployed, You are entitled to benefits under only one coverage, not under both. The total Payments We will make under this Certificate of Insurance will not exceed the lesser of the Outstanding Balance at the Date of Loss or the maximum of \$60,000.

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, Trans Global reserves the right to choose which stated head of coverage benefits are paid under.

CONDITIONS

- 1) To be eligible under the PPI Insurance for involuntarily unemployment for self-employed individual benefits, You must have been insured under the PPI Insurance and working in a self-employed capacity earning taxable revenue pursuant to the Income Tax Act (Canada) 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 established business that has been operating in Canada for a period of no less than 2 continuous years prior to the Effective Date.
- 2) You shall have been involuntarily unemployed for more than 30 consecutive days.
- 3) Prior to Your involuntarily unemployment, as a self-employed individual and only if/when applicable, You shall have been paying special employment insurance premiums to Canada Revenue Agency (CRA) and/or any of its successor entities.
- 4) 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 to be impending at the time of application for this PPI Insurance;
- 3) Strikes or Lockouts, whether or not You or Your business participate voluntarily;
- 4) Disability for which benefits are payable under this Certificate of Insurance;
- 5) Being 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) Voluntarily 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 months from the previous claim. However, You must be working in a new business capacity earning taxable revenue pursuant to the Income Tax Act (Canada) 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 established business that has been operating in Canada for a period of no less than 2 continuous years prior to the Effective Date. However, if You have returned to full time employment (at least 25 hours per week) for at least 6 consecutive months, Your coverage will be reinstated for up to another 12-month benefit period (subject to the \$60,000 maximum Certificate of Insurance limit) for subsequent periods covered by involuntary unemployment for self-employed individuals.

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 and survive that First Diagnosis for at least 30 days, We will pay to Symple Loans an amount equal to the Outstanding Balance at the date of First Diagnosis of the Critical Illness, to a maximum of \$60,000.

CONDITIONS

- 1) Critical Illness coverage under Part C ceases for an individual once they attain the age of 65. The date of First Diagnosis must occur prior to the individual's 65th birthday.
- 2) The Critical Illnesses covered under this Certificate of Insurance 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) The Critical Illness benefit will be paid only once under this Certificate of Insurance, but after the Critical Illness benefit is paid, You will 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 may require.

EXCLUSIONS

We will 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

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-invasive 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 0.75 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.

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.

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 injured or disabled and as a result are unable to work while You are covered under this PPI Insurance, We will make Your Payments, as defined in Part F - Definitions, to Symple Loans on Your behalf during the term of Your disability beginning retroactively with Your Date of Loss and until You are able to return to work, subject to a maximum of 12 months of coverage. The total benefits paid will not exceed the lesser of the Outstanding Balance or \$60,000.

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 this PPI Insurance 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 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 Certificate;
- 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 Symple Loans, on Your behalf, upon proof of Your death or dismemberment occurring after the Effective Date, and while You are covered under this PPI Insurance, a benefit equal to the Outstanding Balance at the date of Your death or dismemberment up to a maximum of \$60,000.

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 older than 64 years of age (70 in British Columbia) at the date of death, the Life insurance benefit 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 Certificate of Insurance.

PART F - DEFINITIONS

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

EFFECTIVE DATE for the coverages provided under Parts A, B, C, D, and E, is the date that We (or Symple Loans on Our behalf) first receives Your signed (written, digital or otherwise) application for insurance, provided You are approved for credit by Symple Loans and You fully draw down Your loan under your Loan Agreement with Symple Loans for which You have been provided coverage under this Certificate of Insurance.

PAYMENT(S) is Your scheduled weekly, bi-weekly, or monthly payment due on Your Symple Loans' loan including the premium payable for this Certificate of Insurance.

OUTSTANDING BALANCE is the total amount owing on Your Symple Loans' loan, for which You have been provided coverage under this Certificate of Insurance, as of the Date of Loss as calculated by Symple Loans from time to time, including any insurance premiums payable by You that have been added to the loan amount.

YOU, YOUR and **YOURSELF** means the individual whose name appears on the Symple Loans' Loan Agreement and is responsible for the Outstanding Balance. If there is more than one individual, it means the first named individual.

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 this Certificate of Insurance shall be paid to Symple Loans as irrevocable Beneficiary, to be applied by Symple Loans toward the discharge of the Outstanding Balance and Your Payment obligations.

CERTIFICATE - This Certificate, which replaces all other certificates previously issued to You with respect to the Group Policies, 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 regarding Your coverage, the terms of this Certificate of Insurance will prevail. Copies of the Group Policies are available by contacting Trans Global.

MAKING A CLAIM

CLAIM FORMS may be obtained by calling a Trans Global Customer Service Representative at 1-844-930-6022 or by downloading the claim form at <https://transglobalinsurance.ca/claims/>.

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 may 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 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.

For Involuntary Unemployment – Self Employed Individuals Only: Bankruptcy court documents must be provided to Trans Global at the address set out at the beginning of this Certificate showing proof of filed bankruptcy along with the name of the appointed trustee of bankruptcy. Trans Global may at its 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, along with individual and spouse tax returns for the past 3 years showing evidence of filing with Canada Revenue Agency. We may also require, where applicable, the most recent copy of articles of incorporation and business license of the business at the time of the claim.

GENERAL EXCLUSIONS

No benefits will be payable under this Certificate 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.

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 this Certificate is absolutely barred unless commenced within the time set out in the Insurance Act. The benefits payable under this Certificate are based on Your Outstanding Balance on the Date of Loss. Any changes made to this Certificate after the Date of Loss and during a period in which You are receiving benefits will not be included in the calculation of Your benefits for that period.

The benefits payable under this Certificate are calculated on Your Outstanding Balance on the Date of Loss. Any loan advances or charges made (other than interest charges) which add to your Outstanding Balance 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 if You misstated Your age to Us at the time You provided to Us Your application for insurance and You were not eligible for insurance under Your correct age.

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 the Effective Date after Your agreement to purchase the insurance coverage hereunder and will end on the sooner of:

- 1) We or Symple Loans receive Your written request to end this insurance coverage, or
- 2) 31 days from the date We or Symple Loans send You written notice, to Your last known address, to cancel this insurance, or
- 3) the date Your Symple Loans Outstanding Balance is zero because You have paid all amounts owing with respect to Your loan in full or for any other reason, or
- 4) the date You are more than 30 days delinquent in making any required Payment towards Your Outstanding Balance, however, Your insurance coverage will be automatically reinstated when Your Payment obligations become current.

TRANS GLOBAL INSURANCE COMPANY

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TRANS GLOBAL LIFE INSURANCE COMPANY

A handwritten signature in black ink, appearing to read "Moe Assaf". The signature is written in a cursive style with a large initial "M" and a long, sweeping tail.

Moe Assaf - Associate Vice President, Financial Services