

**AUTOMOBILE INSURANCE
DECLARATION FOR RETIREE DISCOUNT**

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|-----------------------------|--|-------------------|
| Policy Number if applicable | Effective Date of Discount Year Month Day | Insurance Company |
|-----------------------------|--|-------------------|

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| Name of Insured | Broker/Agent |
|-----------------|--------------|

On making application for a Retiree Discount, I.....declare that:
Name (Please Print)

- A) I am retired;
 I do not earn or receive income from any office or employment;
 I am not engaged in any professional occupation, and am not operating a business; and
 I have not been employed for 26 weeks or more in the last 52 weeks;
and
- B) I am 65 or older, or
 I am in receipt of a pension under the Canada Pension Plan or the Quebec Pension Plan, or
 I am in receipt of a pension registered under the Income Tax Act, Canada
and
- C) I am the principal operator of the automobile to which this discount is assigned.

I agree that should my status under A, B or C above change, I will notify my Insurance Company as I acknowledge that such a change in status may affect the premium charged for my automobile insurance.

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| Signature of Retiree | Date |
|----------------------|------|