



Insurance & Financial Services Inc.

People you trust ~ Insurance that works!

RETIREE DISCOUNT FORM

Please print or type information

Policy Number (if applicable): _____

Effective Date of Discount : Year _____ Month _____ Day _____

Insurance Company : _____

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 principal operator of the automobile to which the discount is assigned.

I agree that should my status under A, B, 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.

Signature of Retiree

Date