Automobile Insurance
Declaration for Retiree Discount

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

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

On making application for a Retiree Discount, I _____ declare that:

<center>Name (please Print)</center>

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 age 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.

| Signature of Retiree | Date |
| | |

(03/09)