

HOME TRUST SECURED VISA DISCLOSURE STATEMENT

This Disclosure Statement applies to the Account and each Card issued on the Account.

Annual Interest Rate	<p>The Interest Rate is in effect the day your Account is activated, and is set out on each monthly Account Statement, expressed as an annual percentage rate.</p> <p>Purchases and Cash Advances: 19.99%</p>
Interest-Free Grace Period	<p><u>Purchases</u>: There will not be any interest charges on the amount of any Purchase appearing on your Account Statement for the first time if the New Balance shown on your Account Statement is paid in full by the Due Date and all Debt shown on the Account Statement for the preceding billing period was paid by its Due Date.</p> <p><u>Cash Advances</u>: There is no interest-free period on Cash Advances.</p>
Minimum Payment	<p>3% or \$10.00</p> <p>The minimum payment for the Account will be the greater of \$10.00 or 3% of the New Balance shown on your Account Statement, and any amount by which the New Balance exceeds your Credit Limit.</p>
Foreign Currency Conversion	<p>2%</p> <p>For Purchases or Cash Advances in a foreign currency, that foreign currency will be converted into Canadian dollars at an exchange rate which is 2% over the exchange rate set by Visa International, in effect on the day the transaction is posted to your Account.</p>
Annual Fees	<p>Applicant: \$49.00</p> <p>Each Co-Applicant or Authorized User: \$19.00</p> <p>To be charged on the day your Account is opened and annually on the anniversary of this date.</p>
Other Fees	<p>These are fees charged for services requested by you and will be charged on the day the transaction occurs:</p> <p>ATM Charge: 1% of amount withdrawn (minimum fee of \$2.50 and maximum fee of \$10.00) for a Cash Advance from an ATM displaying the Visa or Plus logo located in Canada; 1.5% (minimum fee of \$4.50 and maximum fee of \$15.00) if the ATM is located in United States; 1.5% (minimum fee of \$5.50 and maximum fee of \$15.00) if the ATM is located outside Canada and the United States. This is in addition to any other charges that may be levied by the owner/operator of the ATM.</p> <p>Dishonoured (NSF) Cheque Charge: \$45.00 for each cheque or other instrument used to pay Debt that is dishonoured by the financial institution on which it is drawn.</p> <p>Statement Copy/Update Fee: \$5.00 for a copy of your Account Statement for any other period other than the current statement period.</p> <p>Sales/Cash Advance Draft Copy Fee: \$5.00 for each copy of a Purchase or Cash Advance draft. No charge will be applied for any copy of a draft to which an Account posting error is determined.</p> <p>Rush Plastic Fee: \$39.00 for the delivery of a new or replacement Card by courier at your request.</p> <p>Over Limit Fee: \$29.00 if the Debt is permitted to exceed the Credit Limit during any period covered by an Account Statement.</p> <p>Collection Fees: All costs we incur where a collection agency or a law firm is used to collect amounts due, including legal fees.</p> <p>For current fees, visit www.hometrusted.ca or call us at 1-877-727-6883.</p>

NOTE TO APPLICANTS:

Bankruptcy: This product is not available to those who are currently bankrupt. Applicants recently discharged from bankruptcy must include their "Certificate of Discharge" with their completed application. All judgments appearing on an applicant's credit bureau must be repaid or satisfied prior to applying for credit.

Consumer Proposal: Applicants who have made a consumer proposal to creditors must provide a letter from their trustee stating that a proposal has been filed, accepted by creditors, and is good standing.

TELL US ABOUT YOURSELF

☐ MR. ☐ MRS. ☐ MISS ☐ MS. ☐ DR. ☐ OTHER

FIRST NAME		INITIAL	LAST NAME		MOTHER'S MAIDEN NAME		
HOME ADDRESS		APT. NO.	CITY		PROVINCE	POSTAL CODE	# OF YEARS
PREVIOUS ADDRESS IF LESS THAN 2 YEARS		APT. NO.	CITY		PROVINCE	POSTAL CODE	# OF YEARS
SOCIAL INSURANCE NUMBER (Optional)	DATE OF BIRTH	HOME TELEPHONE		MOBILE TELEPHONE		EMAIL ADDRESS	
PRIMARY GOVERNMENT ISSUED PHOTO ID** (MANDATORY - PLEASE ATTACH COPY)							
TYPE OF ID		ID #	PLACE OF ISSUE			EXPIRY DATE	
SECONDARY ID** (MANDATORY - PLEASE ATTACH COPY)							
TYPE OF ID		ID #	PLACE OF ISSUE			EXPIRY DATE	
<input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> STUDENT <input type="checkbox"/> RETIRED				MONTHLY INCOME (BEFORE TAX)		SOURCE OF INCOME	
CURRENT EMPLOYER NAME		OCCUPATION			BUSINESS TELEPHONE		# OF YEARS
EMPLOYER'S ADDRESS		SUITE NO.	CITY		PROVINCE	POSTAL CODE	

TELL US ABOUT THE CO-APPLICANT

☐ MR. ☐ MRS. ☐ MISS ☐ MS. ☐ DR. ☐ OTHER

FIRST NAME		INITIAL	LAST NAME		MOTHER'S MAIDEN NAME		
HOME ADDRESS		APT. NO.	CITY		PROVINCE	POSTAL CODE	# OF YEARS
PREVIOUS ADDRESS IF LESS THAN 2 YEARS		APT. NO.	CITY		PROVINCE	POSTAL CODE	# OF YEARS
SOCIAL INSURANCE NUMBER (Optional)	DATE OF BIRTH	HOME TELEPHONE		MOBILE TELEPHONE		EMAIL ADDRESS	
PRIMARY GOVERNMENT ISSUED PHOTO ID** (MANDATORY - PLEASE ATTACH COPY)							
TYPE OF ID		ID #	PLACE OF ISSUE			EXPIRY DATE	
SECONDARY ID** (MANDATORY - PLEASE ATTACH COPY)							
TYPE OF ID		ID #	PLACE OF ISSUE			EXPIRY DATE	
<input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> STUDENT <input type="checkbox"/> RETIRED				MONTHLY INCOME (BEFORE TAX)		SOURCE OF INCOME	
CURRENT EMPLOYER NAME		OCCUPATION			BUSINESS TELEPHONE		# OF YEARS
EMPLOYER'S ADDRESS		SUITE NO.	CITY		PROVINCE	POSTAL CODE	

**** Valid Photo IDs include a current Provincial Driver's License, Canadian Passport or Certificate of Canadian Citizenship. Other acceptable IDs include a Birth Certificate or Social Insurance Card.**

I certify the above information is correct and I consent to collection and use of credit and personal information as set out below. Please read the terms and disclosures included with this application. By signing this application you agree to these terms.

Personal Information: You may collect credit, identity and financially related information about me during the course of my relationship with you from credit bureau, other financial institutions and references ("Information"). You may also disclose Information to credit bureau, financial institutions, *Visa* Canada and *Visa* International and their agents and to outside providers of card services. You and those parties may use Information to identify me, understand my needs and eligibility for this application and for card and other services and to recommend and market particular products and services.

Information collected will be kept in a separate customer file managed by Home Trust Company at its offices in Toronto, Ontario. I have a right to access this Information. I may obtain your privacy code, ask you to correct Information, or tell you to stop using Information for any of these purposes at any time by calling you toll free at 1-866-817-7719 or by sending a written request to 145 King Street West, Suite 2300, Toronto, Ontario, M5H 1J8.

Card Account: Please open a Home Trust *Visa* Account in my name ("Account"), issue me card(s), and Personal Identification Number(s). I will be bound by the Cardholder Agreement you will send me, as amended or replaced from time to time; use of any card applied for will prove I have received and read it. I will ensure that all Co-Applicants and authorized users review the Cardholder Agreement, other agreements and program terms you will send me. Credit will be extended upon approval of this application.

Co-Applicants: The terms of the Application and all consents given in it bind each Co-Applicant. All references to "I" mean the Applicant and Co-Applicant individually. The Applicant and Co-Applicant are jointly and severally liable for all any indebtedness on the Account incurred through the use of the cards and otherwise.

Please note that the Home Trust Secured Visa Card is not available to residents of the province of Québec.

Co-Applicant Disclosure: Where there is a Co-Applicant on this Account, you will each receive in separate envelopes monthly Account Statements, disclosure statements, agreements and notices (together called "Statements" in this paragraph) at the address you set out in this application or other address you provide to us, unless you consent to have one copy sent to one address only.

You may choose to receive only one copy of Statements by initialling the box below:

☐ Initial ____ I consent to one copy of Statements being sent to us at the address set out in this Application or such new address as we at a later time may give to you.

☐ Initial ____ I am not acting on behalf of any third party and the Account will not be used by any third party other than a person specifically designated by me as an authorized user.

You may by notice to us at a later time alter this consent to have Statements sent to each Co-Applicant at the address they provide. You may contact us for further information regarding this matter at 1-877-727-6883.

I apply for the Home Trust Visa Account and agree to the terms and disclosures included with this application.

Signature _____ Date _____ Co-Applicant Signature _____ Date _____

SECURITY DEPOSIT AMOUNT:
(Min. \$500 to Max. \$10,000)

All funds must be made payable to "Home Trust Company". WE WILL NOT ACCEPT CASH, WESTERN UNION OR POSTAL MONEY ORDERS. We accept PERSONAL or PERSONAL CERTIFIED CHEQUE, MONEY ORDER, or BANK DRAFT from a Canadian Financial Institution \$ _____