



Line: PLA Company: 1 Branch: 10

Dear

Re: Automobile Policy No.

Please find your Retiree Discount form below.

Once you have signed it, please return it by mail or fax using the contact information on this letterhead. This will allow us proceed with your request.

Thanks for choosing Aviva.

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 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