

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

<b>Annual Interest Rate</b>	<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: <b>19.99%</b></p>
<b>Interest-Free Grace Period</b>	<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>
<b>Minimum Payment</b>	<p><b>3% or \$10.00</b></p> <p>The minimum payment for the Account will be the greater of <b>\$10.00</b> or <b>3%</b> of the New Balance shown on your Account Statement, and any amount by which the New Balance exceeds your Credit Limit.</p>
<b>Foreign Currency Conversion</b>	<p><b>2%</b></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 <b>2%</b> over the exchange rate set by <i>Visa</i> International, in effect on the day the transaction is posted to your Account.</p>
<b>Monthly or Annual Fees</b>	<p>Applicant: <b>\$5.00</b> monthly fee or <b>\$49.00</b> annual fee</p> <p>Each Co-Applicant or Authorized User: <b>\$2.00</b> monthly fee or <b>\$19.00</b> annual fee</p> <p>Monthly fees will be charged on your monthly Account Statement. Annual fees will be charged on the day your Account is opened and annually on the anniversary of this date.</p>
<b>Other Fees</b>	<p>These are fees charged for services requested by you and will be charged on the day the transaction occurs:</p> <p><b>ATM Charge: 1%</b> of amount withdrawn (Minimum fee of <b>\$2.50</b> and Maximum fee of <b>\$10.00</b>) for a Cash Advance from an ATM displaying the <i>Visa</i> or Plus logo located in Canada; <b>1.50%</b> (Minimum fee of <b>\$4.50</b> and Maximum fee of <b>\$15.00</b>) if the ATM is located in United States; <b>1.50%</b> (Minimum fee of <b>\$5.50</b> and Maximum fee of <b>\$15.00</b>) 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><b>Dishonoured (NSF) Cheque Charge: \$45.00</b> for each cheque or other instrument used to pay Debt that is dishonoured by the financial institution on which it is drawn.</p> <p><b>Statement Copy/Update Fee: \$5.00</b> for a copy of your Account Statement for any other period other than the current statement period.</p> <p><b>Sales/Cash Advance Draft Copy Fee: \$5.00</b> 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><b>Rush Plastic Fee: \$39.00</b> for the delivery of a new or replacement Card by courier at your request.</p> <p><b>Over Limit Fee: \$29.00</b> if the Debt is permitted to exceed the Credit Limit during any period covered by an Account Statement.</p> <p><b>Collection Fees:</b> All costs we incur where a collection agency or a law firm is used to collect amounts due, including legal fees.</p>

**Authorized User:** An Authorized User is someone who has the primary cardholder's permission to utilize their credit card Account. An Authorized User is **not** liable for the payment of the Account, and **will not be reported to the credit bureau** regardless of who made the charges that make up the outstanding balance, so long as they are not fraudulent charges.

Note: The credit card will be mailed to the primary cardholder's address. An annual fee of \$19.00 or a monthly fee of \$2.00+ (depending on your Account set-up) will be billed to the credit card Account.

**TO BE COMPLETED BY THE PRIMARY CARDHOLDER**

I, (Primary Cardholder First and Last Name) \_\_\_\_\_ request and authorize the addition of (Authorized User First and Last Name) \_\_\_\_\_ to (select one):  my new application for a Home Trust Visa Account, or  my existing Home Trust Visa Account number #4403 9610 \_\_\_\_\_ as an Authorized User as described above.

**I have included the following photo identification with this request:**

PRIMARY GOVERNMENT ISSUED PHOTO ID** (MANDATORY - PLEASE ATTACH COPY)			
TYPE OF ID	ID #	PLACE OF ISSUE	EXPIRY DATE

**TO BE COMPLETED BY THE AUTHORIZED USER**

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.**

**TERMS**

**Authorized User Terms:** By signing this request, I agree to be added to the Account number indicated in this form as an Authorized User and that you may issue a Home Trust Visa card in my name and renewals and replacements from time to time. If I sign, use or accept my card it will mean that I have received and read the Cardholder Agreement. It will also mean that I have understood the Cardholder Agreement and agreed with you to everything written in this Application.

**Initial \_\_\_\_\_ I am not acting on behalf of any third party and the Account will not be used by any third party Initial \_\_\_\_\_ other than a person specifically designated by the Primary Cardholder as an authorized user.**

**We request an Authorized User be added to our Home Trust Visa Account and agree to these terms.**

Primary Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_ Authorized User Signature \_\_\_\_\_ Date \_\_\_\_\_

**Fax completed form to 1-877-989-9979 or 416-360-8909 or mail to: Home Trust Visa, 145 King Street West, Suite 2300, Toronto ON M5H 1J8**

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