

**AUTOMOBILE INSURANCE  
DECLARATION FOR RETIREE DISCOUNT**

<b><u>Policy Number</u></b>	<b><u>Effective Date of Discount</u></b> Year/Month/Day	<b><u>Insurance Company</u></b>

<b><u>Name of Insured</u></b>	<b><u>Broker/Agent</u></b>

On making application for a Retiree Discount, I .....  
(Name - Please Print)

declare that:

- 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.

<b><u>Signature of Retiree:</u></b>	<b><u>Date:</u></b>