



TD ACCIDENTAL DEATH INSURANCE PLAN

Insurance Certificate Package

Your TD Accidental Death Insurance Plan Certificate # 555 000 596 is enclosed in this booklet

WELCOME TO TD INSURANCE

Thank *You* For Enrolling In The TD Accidental Death Insurance Plan

Insurance Certificate

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TD Insurance
TD Life Insurance Company
P.O. Box 1
TD Centre
Toronto, Ontario M5K 1A2

TD Insurance
TD Accidental Death Insurance Plan

January 1, 2023

Warden
Boffet
123 Address
City, Province
A1A 1A1

Important information about *your* TD Accidental Death Insurance Plan coverage under Group Policy: TDL025

Insurance Certificate #: 555 000 596

Insured by: TD Life Insurance Company*

Dear **Warden
Boffet**

Thank *you* for choosing TD Accidental Death Insurance Plan. You've taken an important step in getting the financial protection *your* family needs, in the event of *your* accidental death. I'm writing to let *you* know that enclosed in this booklet *you* will find the following important information:

- *Your* Insurance Certificate; and
- Beneficiary Designation Form to name a beneficiary.

What *you* need to know

- *Your* Insurance Certificate (pages 5-18) is an important record of the coverage *you* purchased on July 25, 2023. Please read it carefully.
- Please file *your* Insurance Certificate in a safe place. If it is ever lost, destroyed or misplaced, simply contact us at 1-888-788-0839 to request a duplicate copy.
- *Your* first premium is scheduled to be deducted on August 25, 2023 and thereafter on the 25th of every month.



Beneficiary Information

Benefits for *your* TD Accidental Death Insurance Plan will be paid to the beneficiary(ies) *you* choose. Please take the time to choose *your* beneficiary(ies) by completing the enclosed "Beneficiary Designation Form" and mailing it to us in the postage-paid envelope provided. Please note if no beneficiary(ies) is designated, any payments under this coverage will be paid as described in *your* Insurance Certificate.

We're here for you

Thank *you* for trusting us to help *you* with *your* insurance needs. If *you* have any questions or need assistance, we will be happy to help. Please call us at **1-888-788-0839**, Monday to Friday, 8 a.m. to 10 p.m. (ET) and Saturday 10 a.m. to 6 p.m. (ET).

Sincerely,

Erika Schiavoni
Vice President, Product and Pricing
Life, Health and Credit Protection
TD Life Insurance Company

SAMPLE

*TD Life Insurance Company is the authorized administrator for this insurance. For more details on insurer and/or administrator information, please refer to the Insurance Certificate. All trade-marks are the property of their respective owners. ®The TD logo and other TD trade-marks are the property of The Toronto-Dominion Bank.



Warden
Boffet
123 Address
City, Province
A1A 1A1

This is *Your* TD Accidental Death Insurance Plan Certificate

This Insurance Certificate outlines *your* coverage provided under the Group Master Policy.

Note: In this Insurance Certificate, *you* and *your* refers to the *insured person(s)* who is/are insured under the *policy*. *We, us, our* and the *insurer* refer to TD Life Insurance Company (TD Life).

Coverage Summary

Insurance Certificate Owner First Name	Warden
Insurance Certificate Owner Last Name	Boffet
Insurance Certificate Payor	Warden Boffet
Premium Amount	\$16.69
Premium Payment Frequency	Monthly
Premium Payment Account Type	Bank Account
First Premium Due Date	August 25, 2023
<i>Effective Date</i>	July 25, 2023
<i>Reinstatement Effective Date</i>	July 25, 2023

Coverage Details	Primary Insured Warden Boffet	Spouse Cici Boffet	Dependent Child(ren) Susie Boffet
Age at Enrollment	34	33	8
Accidental Death Insurance Benefit	\$200,000	\$200,000	\$5,000
Common Carrier Benefit	\$400,000	\$400,000	N/A
Hospital Indemnity Benefit	\$50	\$50	\$25

Note: All amounts and benefits are stated in Canadian Funds, and taxes are included where applicable.



This Insurance Certificate contains a provision removing or restricting the right of the *insured person* to designate persons to whom or for whose benefit insurance money is to be payable. This means only the *insured person* can designate or change the beneficiary, if applicable to *your* coverage. For additional details, please refer to section "Beneficiary Information".

Introduction To *Your* Insurance Coverage

This Insurance Certificate outlines the following details about *your* coverage:

- We agree to insure *you* and if also designated, *your spouse* and *your dependent child(ren)*, subject to the terms and conditions.
- This Insurance Certificate # 555 000 596 is issued under Group Master Policy TDL025 by TD Life.
- TD Life is the authorized administrator for this insurance.
- Each *insured person's* coverage begins on that *insured person's effective date* and continues until coverage ends. For additional details, please refer to section "When Does *Your* Coverage End?"

The terms and conditions of *your* coverage under the *policy* consist of:

- this Insurance Certificate; and
- *your* telephone, or online enrollment form.

In *your* enrollment form, *you* confirmed that *you* and if also enrolled, *your spouse*, and *your dependent child(ren)*, were eligible for this coverage. To be eligible for this insurance:

- the *primary insured* must be a customer of TD Bank Group (TDBG);
- an *insured person* must be a Canadian resident;
- an *insured person* must be in Canada at time of enrollment; and
- an *insured person* must be between the ages of 18 and 65 on that *insured person's effective date*. For *dependent child(ren)*, please refer to section "Definitions of the Terms We've Used" for details about age requirements.

A Canadian resident is any person who:

- is legally entitled to remain in Canada for at least the next one year; and
- has been a resident in Canada for 183 of the past 365 days (days do not need to be consecutive).



Misstatement of Age

If an Insurance Certificate is issued based on an incorrect age, the following may apply:

- if an *insured person* is still eligible for insurance, the premium amount will be adjusted to the correct amount based on the correct date of birth at that *insured person's effective date*; and
 - If overpaid, we will refund the excess premiums calculated at the time a claim is made against this Insurance Certificate; or
 - If underpaid, we will decrease the benefit amount by the amount underpaid at the time a claim is made against this Insurance Certificate.
- if the *primary insured* is not eligible for insurance, all coverages under this Insurance Certificate will be considered never to have been in force and we will refund all premiums paid; or
- if the *spouse or dependent child(ren)* is/are not eligible for insurance, the *spouse's or dependent child(ren)'s* coverage under this Insurance Certificate will be considered never to have been in force and we will refund all premiums paid for the *spouse's or dependent child(ren)'s* coverage.

Beneficiary Information

- Only the *primary insured* has the right to designate or change revocable and/or irrevocable beneficiary(ies). To designate or change a beneficiary, the *primary insured* may ask us to send a "Request for a Change of Beneficiary Form" to complete and return. We will confirm to the *primary insured* in writing of any changes made to the beneficiary information.
- If payment of a benefit for the *primary insured's Accidental Death Insurance* is made, the payment will be made to the *primary insured's* beneficiary(ies). If no beneficiary(ies) is named, the payment will be made to the *primary insured* or their estate.
- If payment of a benefit for the *spouse's or dependent child(ren)'s Accidental Death Insurance* is made, the payment will be made to the *primary insured*. If the *primary insured* dies before payment of benefit, the payment will be made to the *primary insured's* beneficiary(ies), or estate if no beneficiary(ies) is/are named.



How Much Do I Pay?

Your premium payment is based on *your* coverage amount and is outlined in the "Coverage Summary".

Premiums are due in advance on the *premium due date* and will be collected on a monthly basis, directly debited from a bank account or a credit card.

The first *premium* is due on the first *premium due date* outlined in the "Coverage Summary". If a payment is not made by its due date, we will allow a **grace period of 60 days from the premium due date**, during which time this Insurance Certificate will remain active. However, if payment is not made by the end of the *grace period*, *your* coverage will end.

The *certificate holder* must notify us to change the method of *premium payments*.

We may change *premiums* from time to time. If we do, the same change will apply to all *insured persons* under the Group Master Policy. If we find it necessary to change *premiums*, we will provide *you* 30 days written notice in advance at the most recent address we have. Notice will include the new *premiums* and the *effective date* of the change. If tax rates change, *your premiums* will change accordingly without notice to *you*.

Reinstating Your Coverage

If *your* coverage ended because it has *lapsed*, *you* may request to have it put back into effect. This process is called *reinstatement*.

You may make a request within two years of the lapse date to have *your* coverage *reinstated*. In order to *reinstate your* coverage in that time period, *you* must meet all of the following criteria:

- The *insured person* must be alive;
- *You* must pay us all unpaid premiums due from the *lapse date* up to and including the *reinstatement effective date*;
- *You* must request for *your* coverage to be reinstated by calling us at 1-888-788-0839; and
- *You* must provide us with evidence of eligibility for the *insured person* that we consider satisfactory.



What If I Enroll, But Later Change My Mind?

You have a **30 day review period** from your *effective date* of coverage as outlined in the “Coverage Summary” to review the benefits provided and decide whether or not the coverage meets *your* needs. If you decide to cancel *your* coverage during this period, please call us at **1-888-788-0839** and *your* Insurance Certificate will be cancelled as of the *effective date*. Premiums withdrawn during this period will be refunded.

If you *decide* to cancel *your* coverage any time after, please call us at **1-888-788-0839** and—if there are no *claims* pending—we will cancel *your* coverage and refund any premiums we may owe.

Note: Only the *primary insured* can request to cancel coverage for an *insured person*.

What Benefits Are Provided?

All benefits are subject to the terms and conditions, including applicable exclusions as set out in this Insurance Certificate. For additional benefit details, please refer to the “Coverage Summary”.

Accidental Death Insurance Benefit

When the *primary insured* suffers an *accident*, which results in death, we will pay the *primary insured's* beneficiary(ies) (or the *primary insured's* estate if no beneficiary(ies) is/are elected) the *Accidental Death Insurance* amount specified in the *primary insured's* “Coverage Summary”.

When the *spouse* or *dependent child(ren)* suffers an *accident*, which results in death, we will pay the *primary insured* (or the *primary insured's* beneficiary(ies) or estate if no beneficiary(ies) is/are elected) the *Accidental Death Insurance* amount specified in the deceased *insured person's* “Coverage Summary”.

Definitions Applicable to Accidental Death Insurance Benefit

Accident means a bodily injury that occurs as a direct result of a violent, sudden and unexpected action from an outside source to an *insured person*, while that *insured person* is insured under this Insurance Certificate. *Accident* does not include:

- Any illness, medical condition or congenital defect; or
- Injuries resulting either directly or indirectly from any illness, medical condition or congenital defect.



Regardless of:

- Whether the illness or condition arose before or after this Insurance Certificate took effect
- How the *insured person* came to suffer from the illness or condition; and whether the illness, condition or defect or resulting injury was expected or unexpected.

Accidental Death Insurance means coverage for death caused directly by an *accident*, independently of any other causes, and which occurs within 365 days of that *accident*.

Please refer to page 17 and 18 in the Insurance Certificate for a further list of definitions.

Common Carrier Benefit

Only one *common carrier* benefit per Insurance Certificate is payable under the TD Accidental Death Insurance Plan coverage.

When the *primary insured* suffers an *accident* while riding in a covered *common carrier*, which results in death, we will pay the *primary insured's* beneficiary(ies)(or the *primary insured's* estate if no beneficiary(ies) is/are elected) the *common carrier* benefit amount specified in the *primary insured's* "Coverage Summary".

When the *spouse* suffers an *accident* while riding in a covered *common carrier*, which results in death, we will pay the *primary insured* (or the *primary insured's* beneficiary(ies) or estate if no beneficiary(ies) is/are elected) the *common carrier* benefit amount specified in the deceased *insured person's* "Coverage Summary".

Definition Applicable to Common Carrier Benefit

Common Carrier means any licensed land, water or air transportation operated by those whose occupation or business is transportation of persons or things without discrimination for hire. If a common carrier is delayed or rerouted and is required to arrange alternate transportation for its passengers, the definition of common carrier will include whatever transportation is used for this purpose.

Common carrier includes:

- any airline having a charter air carrier's license or its equivalent, provided it maintains regularly scheduled flights and publishes timetables and fares consistent with scheduled airline practices. In addition, the aircraft must be limited to fixed-wing turbo-prop or jet aircraft.

Common carrier excludes:

- rafts;
- amusement park rides;
- jet skis;



- balloons;
- ski lifts;
- hang-gliders; and
- land and water transportation used outside of Canada.

Please refer to page 17 and 18 in the Insurance Certificate for a further list of definitions.

Hospital Indemnity Benefit

When an *insured person* is hospitalized for injury caused directly by an *accident*—independent of any other causes—within 365 days after the date of that *accident*, we will pay the *primary insured*:

- the *hospital* indemnity benefit amount, as indicated in the “Coverage Summary” for that *insured person*, provided that:
 - the *hospitalized insured person* is under the care of a *physician*; and
 - the period of initial *hospitalization* is necessary for the treatment of injury.

In addition, if payable, the *hospital* indemnity benefit will be paid from the first day of each period of *hospitalization*.

Definitions Applicable to Hospital Indemnity Benefit

Hospital means any institution in Canada, which meets all of the following conditions:

- is licensed as a full care hospital by the licensing body having jurisdiction where the hospital is located;
- operates primarily for the care and treatment of sick and injured persons;
- has a staff of one or more *physicians* available at all times;
- provides 24-hour nursing service by a registered nurse;



- provides organized facilities for diagnosis and major surgical procedures; and
- maintains X-ray equipment and operating room facilities.

Hospital does not include:

- a nursing home;
- extended care or convalescent care facility;
- home for the aged or chronically ill;
- home for the mentally ill;
- rest home; or
- a place for the care and treatment of alcoholism, or drug abuse, other than incidentally.

Hospitalization and Hospitalized means confinement in a *hospital* as an inpatient.

Please refer to page 17 and 18 in the Insurance Certificate for a further list of definitions.

What is Excluded?

We will not pay an insurance benefit for an *insured person* if any death or period of *hospitalization* is caused by or results from any one or more of the following:

your accident or death occurs before *your effective date*;

your accident or death is a result of bodily or mental infirmity or disease of any kind;

your accident or death is a result of, or happens while committing or attempting to commit a criminal offence, including operation of any motorized vehicle or watercraft while *your* ability to do so is impaired by drugs or alcohol, or with blood alcohol concentration in excess of legal limits in the jurisdiction where the *accident* occurred;

your accident or death is a result of *your* intentional self-inflicted injury, suicide or attempted suicide (whether *you* are aware or not aware of the result of *your* actions, regardless of *your* state of mind);

you or a beneficiary under this Insurance Certificate is criminally responsible for the *accident* or death of another *insured person* under this Insurance Certificate;

your claim is caused directly or indirectly by the use of any drug, poisonous substance, intoxicant or narcotic, unless taken according to the instruction of *your physician*;



your accident or death is a result of war, declared or undeclared;

your accident or death is a result of participation in professional sports, any speed contest, SCUBA diving unless *you* hold a basic SCUBA designation from a certified school or licensing body, mountaineering, parachuting, parasailing, cave exploration, hang gliding, bungee or BASE (Building, Antenna, Span, Earth) jumping, skydiving or any airborne activity in any aircraft other than a passenger aircraft that holds a valid certificate of airworthiness; or

your accident or death is a result of air travel as a pilot or crew member of any transportation used for aerial navigation;

claims will not be paid should the incident happen during the lapse period.

Expiry or the cancellation of the group master policy will be without prejudice to any eligible claims arising prior to the expiry or cancellation. In no case will insurance be provided with respect to any claim arising after the termination of the group master policy

What Are The Coverage Maximums and Reductions?

Only one *accidental death* benefit per *insured person* is payable under the TD Accidental Death Insurance Plan coverage. Once an accidental death claim is paid for:

- the *primary insured*, all coverage will terminate; or
- the *primary insured's spouse* or *dependent child(ren)*, coverage will terminate only for the *primary insured's spouse* and/or *dependent child(ren)*, but coverage for the *primary insured* will remain active.
- Only one *common carrier* benefit is payable if the *primary insured* or *spouse* dies as a result of injuries received in the same *accident*, to a maximum of \$250,000. *Common carrier* excludes land and water transportation used outside of Canada.
- The *hospital indemnity* benefit may be paid from the first day of each period of *hospitalization* for a maximum of 365 days (\$18,250 per covered *primary insured* and *spouse*, \$9,125 per covered *dependent child*). The maximum amount paid under the *hospital indemnity* benefit for an *insured person* is calculated by multiplying the daily *hospital indemnity* benefit amount for that *insured person* by 365 days.
- All coverages on the *primary insured* and *spouse* will reduce by 50% when either turns 70. All coverages on any *insured person* will terminate when the *primary insured* turns 75. All coverages will terminate for the *spouse* when the *spouse* turns 75 or no longer meets the criteria for the definition of *insured person* or *spouse*. All coverages will terminate for the *dependent child(ren)* when they no longer meet the criteria for the definition of *insured person* or *dependent child(ren)*. For complete details, please refer to section "Definitions of the Terms We've Used".



When Coverage Begins and Ends

Your coverage begins on the date you enrol. This is your *effective date* of coverage outlined in the “Coverage Summary”.

All coverages for any *insured person*—including the *primary insured*—under this Insurance Certificate will end on the earliest of any of the following dates, in addition to what is outlined in sections “What Is Excluded?” and “What Are The Coverage Maximums and Reductions?”:

- you die;
- we receive a verbal or written request from the *primary insured* to cancel coverage;
- a premium payment remains due but unpaid by the end of the one month grace period;
- the termination of the Insurance Certificate. If this happens, you will receive 30 days advance written notice; or
- you turn 75 years old. For *dependent child(ren)*, please refer to section “Definitions of the Terms We’ve Used” for details about age requirements.

In addition, all coverages for an *insured spouse* and *dependent child(ren)* will end on the earliest of any of the following dates:

- coverage terminates for the *primary insured*, for any reason;
- the *insured spouse* or *dependent child(ren)* suffers an accidental death for which an accidental death benefit or *common carrier* benefit is payable;
- the *insured spouse* no longer meets the criteria for the definition of *insured person* or *spouse*; or
- the *dependent child(ren)* no longer meets the criteria for the definition of an *insured person* or *dependent child(ren)*.

Note: If we receive a claim for an *insured person*, premiums should still be paid to avoid coverage from terminating, if the claim is not approved. If the claim is approved, appropriate premium adjustments may be made.



How Do I Make A Claim?

Claim forms are available by calling TD Life at **1-888-788-0839**.

In order to consider a claim for any *insured person* under this Insurance Certificate, the *insured person*, beneficiary(ies), or authorized representative must provide *us* access to the necessary medical records and other relevant information. In addition, *we* have the right to an examination of the *insured person* by a *physician* of *our* choice before approval and/or payment of a claim.

Subject to applicable law, *you* or a person making a claim on *your* behalf may request:

- a copy of the enrollment form;
- a copy of the Insurance Certificate; and
- a copy of any other documents *we* require *you* to submit.

***We* must receive a claim within a specific time, as outlined below:**

- For an ***accidental death benefit***, the claim must be received within **one year** from the date of death by or on behalf of the beneficiary(ies).
- For a ***hospital indemnity benefit***, the claim must be received within **one year** from *hospitalization*. Subsequent admissions to a *hospital* for covered *accident* injuries should be submitted within one year after *hospitalization*.

Additional claim information:

- *We* will provide forms to the *insured person* or beneficiary(ies) for proof of the claim upon request.
- *We* must receive completed requirements within 90 days from receipt of the forms.
- Proof of claim is at the *insured person's* or beneficiary's(ies') expense.

Additional Information About *Your* Coverage

- **Assignment:** This Insurance Certificate may not be transferred or assigned.
- **English Language:** It is the express wish of the parties that this Insurance Certificate and all related documents, including notices and other communications, be drawn up in the English language only.



- **Legal Action:** Every action or proceeding against an insurer for the recovery of insurance money payable under the contract is absolutely barred unless commenced within the time set out in the *Insurance Act* (for actions or proceedings governed by the laws of Alberta and British Columbia), *The Insurance Act* (for actions or proceedings governed by the laws of Manitoba), the *Limitations Act, 2002* (for actions or proceedings governed by the laws of Ontario), or other applicable legislation in *your* province or territory. For those actions or proceedings governed by the laws of Quebec, the prescriptive period is set out in the *Civil Code of Quebec*.
- **Non-Participating and Cash Values:** This Insurance Certificate and the Group Master *policy* under which it was issued are non-participating and have no cash values.
- **Group Master Policy:** All benefits under this Insurance Certificate are subject in every respect to the Group Master Policy, which alone constitutes the agreement under which benefits will be provided. The principal provisions of the Group Master Policy affecting *insured persons* are summarized in this Insurance Certificate.
- **Waiver:** We will not waive any condition of this Insurance Certificate, unless the waiver is clearly expressed in writing and signed by *us*.
- This Insurance Certificate 555 000 596 is issued under Group Master Policy TDL025 to The Toronto-Dominion Bank (TD Bank) by TD Life.

Contact Information

TD Insurance
TD Life Insurance Company
P.O. Box 1 TD Centre,
Toronto, Ontario, M5K 1A2
Tel: 1-888-788-0839



Definitions Of The Terms *We've* Used

This Insurance Certificate used the following terms, which are identified in italics:

Anniversary Bonus means a sum equal to 1% of the base *Accidental Death Insurance* coverage at issuance that will be added each year on the anniversary of the *effective date*—in the form of increased coverage—for as long as the Insurance Certificate remains active. Subsequent annual bonus amounts will be based on the original face amount purchased, not the cumulative coverage of the *policy*.

For example:

- On the first anniversary of the Insurance Certificate, if an *insured person* has \$25,000 in coverage, the *insured person's Accidental Death Insurance* coverage will increase to \$25,250.
- On the second anniversary, the *insured person's Accidental Death Insurance* coverage will increase to \$25,500.

Certificate Holder means the person or party who owns the Insurance Certificate.

Claim means a demand made by the insured person for payment of the benefits provided in this coverage.

Dependent Child(ren) means any natural child, stepchild, or legally adopted child of an *insured person* residing in Canada, who is:

- a) under 22 years of age, unmarried, and receives full support and maintenance from the *insured person*;
- b) 22 years of age but less than 25 years of age, unmarried, and receives full support and maintenance from *the insured person* for reason of full-time attendance at an accredited institute, college or university in Canada; or
- c) receives full support and maintenance from the *insured person* by reason of mental or physical infirmity.

Notwithstanding the above limitations, this definition also includes a child of an *insured person's spouse* who is in the care, custody and control of the *insured person* and living in a parent-child relationship with the *insured person*.

Effective Date means the date(s) coverage(s) start, as outlined in the "Coverage Summary".



Grace Period means the length of time after a premium is due and unpaid during which the coverage, remains in force (60 days). If the full premium is paid during the grace period, the premium is considered to have been paid on time.

Insured Person means the *primary insured*, and if indicated in the "Coverage Summary, the *primary insured's spouse* or the *primary insured's dependent child(ren)*, as applicable.

Physician means a qualified, independent doctor, licensed and practicing medicine in Canada. For the purpose of diagnosis of an *Insured Person*, Physician does not mean that *Insured Person* or a relative of that *Insured Person*.

Policy refers to group master policy TDL025 between TD Life and TD Bank.

Primary Insured means the person who enrolled for this insurance product.

Reinstatement the restoration of a lapsed Insurance Certificate as described in the section "Reinstating *your Coverage*".

Reinstatement Effective Date is the date this Insurance Certificate is reinstated as described in the section "Reinstating *your Coverage*".

Spouse means:

- a) the person to whom an *insured person* is lawfully married; or
- b) an *insured person's* designated partner who has lived with the *insured person* for at least two years and continues to live with the *insured person* and is publicly represented as the *insured person's* partner.

We, Us, Our and the Insurer refers to TD Life.

You and Your refers to the *insured person(s)* who is/are insured under the Insurance Certificate.

**This is the end of the Insurance Certificate.
The pages that follow contain additional helpful information about *your coverage*.**



Declaration and Authorization For *Your* TD Accidental Death Insurance Plan

Please read carefully

When *you* enrolled in this insurance *you* declared and agreed that:

- *You* will inspect the Insurance Certificate to verify that its terms are satisfactory.
- All *your* statements and answers are *your* true and complete statements and answers to the questions. The concealment, misrepresentation or false declaration in the enrollment form could void *your* coverage under the Insurance Certificate.
- Payment of any benefits is subject to the terms and conditions, as described in the Insurance Certificate.
- *You* have a 30 day review period from *your effective date* of coverage as outlined in the Coverage Summary to review the benefits provided and decide whether or not the coverage meets *your* needs. If *you* decide to cancel the *insured person's* coverage during this period, please call us at 1-888-788-0839 or submit *your* request in writing and *your* Insurance Certificate will be cancelled as of the *effective date*. If *you* decide to cancel the *insured person's* coverage any time after, please call us and—provided there are no claims pending—we will refund any unearned *premiums you* may have paid.
- *We* may change *premiums* from time-to-time. If *we* do, the same change will apply to all *insured persons* under the Group Master Policy.
- All coverages on the *primary insured* and *spouse* will reduce by 50% when either turns 70. All coverages on any *insured person* will terminate when the *primary insured* turns 75. All coverages will terminate for the *spouse* when the *spouse* turns 75 or no longer meets the criteria for the definition of *insured person* or *spouse*. All coverages will terminate for the *dependent child(ren)* when they no longer meet the criteria for the definition of *insured person* or *dependent child(ren)*. For complete details, please refer to section "Definitions of the Terms *We've Used*".
- No insurance coverage will start until *your effective date* or last reinstatement *effective date* of coverage as outlined in the Insurance Certificate.
- The purchase of this insurance is voluntary and is not required in order to obtain any other product or service from *us* or *our* affiliates.
- The answers that *you* have provided above form a part of the application along with any supplementary applications or forms that *we* may require.



Authorization

As set out in *our* Privacy Agreement located at td.com/privacy, *you* agree that we may share *your* personal information with *our* world-wide affiliates, and re-insurers, as well as with *our* service providers. *We* may also use *your* information to: identify *you*; provide *you* with ongoing service; help *us* serve *you* better; protect *us* both from fraud and error; comply with legal and regulatory requirements. *We* may communicate with *you* for any of these purposes by telephone or other electronic means at the numbers *you* have provided or by mail and email.

Payment By Bank Account

You have selected premium payment by pre-authorized account withdrawals, and *you* authorize TD Life, on its own behalf, to withdraw the insurance premium on a monthly basis. Withdrawals will start after the date the Insurance Certificate is issued and continue monthly on the same date thereafter.

Do *you* understand and agree to all of the above terms?

Your response: Yes

Use of Information

We may share *your* non-health personal information with *our* affiliates to offer products and services to *you*, by telephone, at the numbers *you* have provided *us*, or by internet and mail or other methods. *You* may choose not to be contacted regarding direct marketing offers by informing TD Life.

Do I have *your* consent?

Your response: Yes



Consent to TD Insurance Handling of *Your* Personal Information and Privacy Policy

You consent to *Our* Privacy Policy. You agree that TD Insurance which includes the Toronto Dominion Bank and affiliated companies (collectively "TD") may handle *your* personal information as we set out in *our* Privacy Policy. You can find *our* Privacy Policy online at td.com/privacy.

You have choices. The Privacy Policy outlines *your* options, where available, to refuse or withdraw *your* consent.

Here is a summary of *our* Privacy Policy.

We collect, use, share and retain *your* information to:

- Identify *you*
- Process *your* application and assess *your* eligibility
- Underwrite insurance
- Provide *you* ongoing service
- Communicate with you
- Personalize *our* relationship with you
- Determine the right product, premium or coverage
- Improve TD products and services
- Protect against fraud, financial abuse and error
- Manage and assess *our* risks
- Meet legal and regulatory obligations

We collect information (for the purposes set out above) from *you* and others including:

- Fraud prevention agencies and registries
- Any health care professional, medically-related facility, insurance company, government agency, organizations who manage public information data banks, or insurance information bureaus, including MIB, LLC and the Insurance Bureau of Canada, that have knowledge of *your* information
- From *your* interactions with us, including on *your* mobile device or the Internet, cameras at *our* property and records of *your* use of *our* products and services
- A personal investigation report prepared in verifying and/or authenticating the information *you* provide in *your* life or health insurance application



We may share *your* information (for the purposes set out above) with parties including the following, some of which may be located outside *your* province/territory or outside Canada:

- TD affiliates
- Fraud prevention agencies and registries
- Health-care professionals
- Companies that we work with to provide products or services
- Insurance companies (including prospective insurers and reinsurers)
- Organizations who manage public information data banks, or insurance information bureaus, including the MIB, LLC and the Insurance Bureau of Canada

We retain *your* information:

We keep *your* information for as long as we reasonably need it for the purposes set out above.

How we may communicate with you

We may communicate with *you* about *your* application and about other products and services that may be of interest to you. We may contact *you* by phone or text at the number(s) *you* have provided, or by mail, email or other electronic methods.

You can opt out of receiving offers or choose how we contact *you* for marketing campaign purposes. *You* may do so by contacting us at 1-888-788-0839.



TD Accidental Death Insurance Plan Beneficiary Designation Form

Please Complete Today!

You are enrolled in the **TD Accidental Death Insurance Plan** underwritten by TD Life Insurance Company. Details of *your* TD Accidental Death Insurance Plan are provided in the enclosed Insurance Certificate. The amount of coverage is shown in the Coverage Summary.

You have the right, subject to any legal restrictions, to name a beneficiary or beneficiary(ies) under this coverage. A beneficiary(ies) is the person(s) who will receive the TD Accidental Death Insurance Plan benefit, should *you*, the *insured person*, die while coverage is active.

When an *insured person* dies and a claim has been approved by *us*, the benefit will be paid to the beneficiary of the insurance. To change a beneficiary, *you* must submit a written request to *us*. We will verify the beneficiary and confirm in writing any changes that have been made. Unless changed by *you*, the beneficiary shall be *your* estate.

You are automatically *your spouse's* beneficiary and *your dependent child(ren)'s*, if *your spouse* and *your dependent child(ren)* are covered with *you*.

If *you* wish to designate a beneficiary other than *your* (the *insured person's*) estate, please complete and detach the second part of this form and return it to TD Life in the enclosed postage-paid envelope.

Note: *You*, *your spouse* and *your dependent children* are defined in the Insurance Certificate.

Definitions

Contingent Beneficiary Designation: A 'secondary' list of beneficiary(ies), (subrogated in Quebec) who will receive the proceeds of the insurance in the event that none of the primary beneficiary(ies) whom *you* have designated are living at the time of *your* death.

Irrevocable Beneficiary Designation: If *you* name someone as an irrevocable beneficiary, *you* give up the right to change the beneficiary designation, unless the irrevocable beneficiary consents. This will also affect any other desired changes *you* may want to make to the policy in the future. In



Quebec the spouse is automatically deemed to be an irrevocable beneficiary unless specifically designated as revocable. Example — An irrevocable beneficiary must consent to any request to change the beneficiary or surrender the policy.

Minor: A person who has not attained the age of majority and, thus, has limited contractual capacity.

Primary Beneficiary Designation: A beneficiary or a list of Beneficiaries, who will receive the proceeds for the insurance in the event of *your* death.

Relationship Examples: Spouse, child, mother, father, brother, sister, aunt, uncle, cousin, niece, nephew, grandmother, grandfather, sister-in-law, brother-in-law, mother-in-law, father-in-law, friend, estate.

Revocable Beneficiary Designation: A beneficiary who has no right to the policy proceeds during the insured's lifetime, because the owner has the unrestricted right to change the beneficiary designation at any time.

Trustee: A trust is a relationship in which one or more persons, known as the trustee, holds legal title to property known as the trust fund – for the benefit of another person. Care should be taken when naming minor beneficiaries, as the law does not allow an insurer to pay benefits directly to minors.

Form Do's and Don'ts

Type or print all information on the forms enclosed, using a ball point pen.

- Initial any corrections/changes. Do not use correction fluid (liquid paper).
- Use of all lines is not required. If necessary *you* can use a separate piece of paper to list all of *your* beneficiary designations.
- Provide the full name of *your* beneficiary(ies).
- Express the percent of benefit to be paid to *your* beneficiary(ies) (total for all beneficiary(ies) must be 100%).



Points To Consider When Naming A Beneficiary

- Proceeds payable to a named beneficiary (someone other than “estate”) are paid directly to the beneficiary and do not flow through the estate. This means that no probate or executor fees will be deducted from, and no estate creditors can make claims against, these proceeds.
- Proceeds are available to the beneficiary as soon as the claim is approved since they do not become part of the estate. Settlement of the estate usually takes a few months but can take years depending on the circumstances.
- *You* decide who will receive the insurance proceeds. Proceeds payable to “Estate” are distributed, in the absence of a will, according to the intestacy laws of *your* province.

SAMPLE



TD Insurance
TD Life Insurance Company
P.O. Box 1
TD Centre
Toronto, Ontario M5K 1A2

TD Insurance
TD Accidental Death Insurance Plan

Beneficiary Designation Form

SAMPLE



TD Insurance
 TD Life Insurance Company
 P.O. Box 1
 TD Centre
 Toronto, Ontario M5K 1A2

TD Insurance
 TD Accidental Death Insurance Plan

Beneficiary Designation Form

TD Accidental Death Insurance Plan
 Beneficiary for Insurance Certificate Holder:
Warden Boffet
 Certificate #: 555 000 596

For Quebec Only: The designation of a spouse as a beneficiary is deemed to be irrevocable unless specified as revocable

Beneficiary Name*	Date of Birth (MM/DD/YR)	Percentage (in equal shares unless specified +)	Relationship to You	Primary/Contingent	Revocable or Irrevocable (Enter "R" for revocable or "I" for irrevocable)
(a)					
(b)					
(c)					
(d)					

(a+b+c+d) must = 100%

*Please provide full name of *your* Beneficiary(ies). If naming a Minor, it is recommended to name a Trustee. (Not applicable in Quebec - **In Quebec**, the proceeds will be paid in trust to the minor child's tutor) To list more Beneficiaries use a separate piece of paper. + Percentage (%) of benefit must total 100%

 Name of Trustee, I designate the above beneficiaries

 Date of Birth (MM/DD/YR)

 Address

 Your Signature

 Date Signed (MM/DD/YR)

Mail the Beneficiary Designation Form to the below address using the enclosed postage-paid business reply envelope:

TD Life Insurance Company Attn: TD Insurance, P.O. Box 1, TD Centre
 Toronto, Ontario, M5K 1A2
 Tel.: 1-888-788-0839, Fax: 1-800-399-7211



Frequently Asked Questions About TD Accidental Death Insurance Plan Coverage

Why is Accidental Death Insurance important?

It's never easy to think about fatal accidents, but it's important to realize they can happen to anyone. In 2018, accidents were the 4 leading cause of deaths in Canada¹. These deaths often create serious financial consequences for loved ones left behind. TD Accidental Death Insurance Plan will help financially support *your* family in the event of *your* accidental death.

When does my coverage begin?

Your coverage begins on the effective date of *your* Insurance Certificate, as outlined in the Coverage Summary (page 5).

What are my benefits?

The benefit is paid directly to the primary insured, the primary insured's beneficiary(ies), or the primary insured's estate if no beneficiary(ies) are elected.

Can I change my beneficiary?

You have the right to change *your* beneficiary(ies). Simply complete the enclosed "Beneficiary Designation Form" and return it to us in the postage-paid envelope provided.

How are premiums paid?

Your premium payment will be automatically paid through the account you've designated. To change *your* payment account, please call us at **1-888-788-0839**, Monday to Friday, 8:00 a.m. to 10:00 p.m., and Saturday 10 a.m. to 6 p.m. (ET).



My premiums are low now, but will they increase in the future?

Your premiums are group premiums designed to make this coverage affordable for TDBG customers. *Your* premiums will not increase because of changes in *your* age or health and premiums can only change if they change for all insured persons under the policy.

For additional details, please refer to sections “Coverage Summary” (page 5) and “How Much Do I Pay?” (page 8) in the Insurance Certificate

How will I know if I am eligible to make a claim?

In the event of accidental death—as set out in the Insurance Certificate—you’re eligible to file a claim. Claim forms are available by calling TD Life at **1-888-788-0839**. Please refer to section “How Do I Make A Claim?” (page 15) for complete information on how to file a claim.

Will I have to pay taxes on any of the benefits I might receive?

No. Under existing Canadian tax laws, all payments under the TD Accidental Death Insurance Plan are tax-free.

Who do I contact for more information?

For information or questions on *your* TD Accidental Death Insurance Plan coverage, please call TD Life at **1-888-788-0839**.

¹ Statistics Canada, Leading causes of death 2018.

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