

**TD Insurance**

Financial protection for the  
people who depend on you

**SAMPLE**

**Your TD 10-Year Term Life insurance policy  
#TD 1103 5167 is enclosed in this booklet**

**Please read your policy carefully to ensure you fully understand  
the benefits it provides.**

**Your coverage is in effect as of:  
12:01 a.m. September 7, 2016**



# Congratulations. Choosing TD 10-Year Term Life insurance was a good decision.

Life insurance is the cornerstone of a sound financial plan. With TD 10-Year Term Life insurance, you've taken an important step in protecting the financial security of your loved ones, if you were to die.

**Please read your policy carefully to ensure you fully understand the benefits it provides, and keep it in a safe place with your other important documents.**

### Beneficiary Designation Form

Please complete the Beneficiary Designation Form on the last page of this booklet and return it in the enclosed postage-paid envelope.

### Pre-Authorized Debit Form

If you haven't already provided us with your payment information please complete the Pre-Authorized Debit Form and return it in the enclosed postage-paid envelope within 30 days to avoid interruption of your coverage. You may also use this form to update any payment information that you have already provided.

SAMPLE

**TABLE OF CONTENTS**

<b>Policy of Insurance</b> .....	<b>1</b>
Policy Schedule .....	1
Premium Schedule .....	1
<b>The Contract</b> .....	<b>2</b>
Definitions	
Conversion Option	
Making a claim	
Renewal	
Beneficiary	
General provisions	
Insurability Information	
Declaration and Authorization	
Privacy Agreement .....	5
Questions and Answers .....	7
TD 10-Year Term Life insurance – the smart choice .....	8
Beneficiary Designation Form .....	9

Please read your policy carefully and keep it as your permanent record of coverage.



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

September 7, 2016

Robert Funny  
101 King Street  
Cornor Brook, NL A2H 4V5

**Your TD 10-Year Term Life insurance could provide a valuable tax-free benefit for your family when they need it most**

Dear Robert Funny:

Thank you for applying for TD 10-Year Term Life insurance coverage underwritten by TD Life Insurance Company (a member of TD Bank Group). By choosing this important coverage, you joined the thousands of TD customers who feel confident that they've made a wise financial decision – for themselves, and for the people who depend on them.

**Your Policy of Insurance, which starts on page 1 of this booklet, describes the benefits of your coverage** as well as the exclusions and limitations. Please read it carefully and keep it in a safe place with your valuable papers. We have also mailed you separately confirmation of your answers to the questions you were asked when you applied for coverage (Insurability Information). Please review your answers carefully to ensure they are accurate. If any of the answers are incorrect or incomplete, contact us immediately at **1-888-788-0839**, as this could affect your insurability. Any applicable Endorsements to this Policy will be mailed to you separately and will form part of the Policy.

Your insurance took effect on September 7, 2016. As you requested your first monthly premium is scheduled to be deducted from your payment account on October 7, 2016 and thereafter on the 7th of every month.

**If you haven't already provided us with your payment information please complete the enclosed Pre-Authorized Debit Agreement and return it in the enclosed envelope within 30 days to ensure your coverage remains in effect. If we do not receive this form and you have not provided us with your payment information, your coverage will terminate as described in your policy.**

The benefits from your policy will be paid to the beneficiary you name in the Beneficiary Designation Form on the last page of this booklet. Please complete the Beneficiary Designation Form and mail it to us in the enclosed postage-paid envelope. If no beneficiary is named, the benefits will be paid to your estate.

*...over please*

As long as your premiums are paid when due, **your TD 10-Year Term Life insurance will renew automatically for successive 10-year terms, with no medical examination required**, providing continuous coverage until your 80<sup>th</sup> birthday. **Premiums are fixed for each 10-year term** and are guaranteed not to increase until each renewal date, regardless of your age or changes in your health.

**Coverage can be converted from term life insurance to permanent life insurance** at any time up to and including the policy anniversary nearest the insured's 69<sup>th</sup> birthday – again, with no medical examination required.

This convenient, straightforward and affordable coverage is also available to your spouse, partner or other family members. Applying is as simple as visiting **www.tdinsurance.com** or calling the number below.

**You have 30 days from the date of this letter to review your policy.** During that time, you will be insured as outlined in the policy. If you're not completely satisfied and wish to cancel coverage, simply write to us at the address on the front of this letter within the 30 day period. Any premium charged to your account will be promptly refunded in full.

In this booklet, we have provided answers to some frequently asked questions about term life insurance. If you still have questions, call toll-free **1-888-788-0839**, Monday to Friday, 8 a.m. to 8 p.m., Eastern Time, to speak to a licensed TD Insurance representative.

Again, thank you for choosing TD Insurance. We appreciate your business and look forward to serving you and your family.

Sincerely,



Anna Kowaluk  
Senior Vice President, Life and Health Products  
TD Life Insurance Company

**SAMPLE**

P.S. By choosing TD 10-Year Term Life insurance you've added an essential component to your financial plan. Now your family can have the extra level of financial security they deserve. Thank you for allowing us to be of service.

\*TD Life Insurance Company is the authorized administrator for this insurance. For more details on insurer and/or administrator information, please refer to the Certificate of Insurance.

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# TD 10-Year Term Life insurance

Underwritten by TD Life Insurance Company (referred to as "the insurer" and "we", "us" and "our" in this policy)

## Policy of Insurance

This *policy* contract ("*policy*") along with *your* application questions and answers as well as any other information submitted as evidence of insurability shall form *your* contract of insurance.

**This Policy of Insurance # TD 1103 5167 is issued to:**

Robert Funny  
 101 King Street  
 Cornor Brook, NL A2H 4V5

This *policy* provides the following benefits:

### Policy Schedule

Life Insured	Robert Funny
Date of Birth of Life Insured	February 2, 1978
Risk Class	Male, Non Smoker
Issue Age	39
Policy Owner	Robert Funny
Policy Payor	Robert Funny
Sum Insured	100,000.00
Effective Date	September 7, 2016
Issue Date	September 7, 2016
First Premium Date	October 7, 2016
Plan	TD 10-Year Term Life insurance
Waiver of Premium	No

SAMPLE

### Premium Schedule

The premiums shown in this schedule are guaranteed not to increase while this *policy* is in effect.

Premium From	Basic Premium	Waiver of Premium	Total
September 7, 2016	\$27.77	N/A	\$27.77 monthly
September 7, 2026	\$94.17	N/A	\$94.17 monthly
September 7, 2036	\$249.95	N/A	\$249.95 monthly
September 7, 2042	\$249.95	N/A	\$249.95 monthly
September 7, 2046	\$635.43	N/A	\$635.43 monthly
September 7, 2056	\$1,035.94	N/A	\$1,035.94 monthly
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

If you keep this *policy* in effect it can provide coverage to February 2, 2058. If the *life insured* dies while insurance under this *policy* is in effect, the *insurer* will pay the Sum Insured to the *beneficiary* or *your* estate if no *beneficiary* is named.

This is a non-participating *policy*.

All amounts stated are in Canadian funds, and taxes are included where applicable.

*HW Lalonde*  
**President and Chief Executive Officer**

*Anna Kawaraj*  
**Vice President Life and Health Products**



## IF YOU CHANGE YOUR MIND WITHIN 30 DAYS

You have 30 calendar days from the *issue date* of the original *policy* in which to review the benefits provided and decide whether or not the coverage suits *your* needs.

If *you* decide to discontinue this *policy* during that period simply send *us* a written request and, provided no claim has been made, any premium paid will be promptly refunded and *your policy* will be cancelled as of *your effective date*.

All of *our* obligations and liabilities under this *policy* will end immediately when *we* receive *your* request to cancel the *policy*.

To cancel *your policy*, send *your* written request to:

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

## DEFINITIONS OF THE TERMS WE HAVE USED

This *policy* uses the following terms, which have been listed in italics throughout the document.

**Beneficiary** means the person or persons *you* name in writing to receive all benefits under this *policy*.

**Canadian Resident** means a person who is legally entitled to remain in Canada for at least the next 1 year and has been resident in Canada for 183 of the past 365 days.

**Effective Date** means the date(s) the *policy* goes into effect, as shown in the Policy Schedule.

**Grace Period** is the length of time after the premium is due and unpaid during which the *policy* remains in effect. If the full premium is paid during the *grace period*, the premium is considered to have been paid on time.

**Issue Date** is the date the *policy* is issued.

**Lapse** refers to the termination of this *policy* because the premium was not paid by the *grace period*.

**Lapse Date** refers to the date the *policy* lapses.

**Life Insured** is the person whose life is insured under this *policy*.

**Policy** means this document which provides evidence of *your* insurance.

**Policy Owner** is the person or party who owns this individual insurance *policy*. The *policy owner* is not necessarily the person whose life is insured. The "*policy owner*", may be referred to as "*I*", "*you*" & "*your*", "*he/she*" & "*his/her*" in this *policy*.

**Reinstatement** is the restoration of a *lapsed policy* as described in the section, Putting *your policy* back into effect.

**Reinstatement Date** is the date this *policy* is reinstated as described in the section, Putting *your policy* back into effect.

**Term Insurance** is a type of insurance that provides protection for a limited number of years.

## ELIGIBILITY

To be eligible to apply for insurance coverage under this *policy*, a proposed *life insured* must, at the time of application:

- be a *Canadian resident*; and
- be at least 18 years old and within 6 months of the 70<sup>th</sup> birthday.

## HOW THE DEATH BENEFIT IS CALCULATED

If a death benefit is payable under this *policy*, then we will pay the Sum Insured in effect at the time of death minus any outstanding premiums that are owed at the time the *life insured* dies.

This *policy* ends on the date the *life insured* dies.

## WHEN WE WILL NOT PAY AN INSURANCE BENEFIT

We will not pay any insurance benefit if:

- the claim for insurance benefits is not made within 365 days of the date of death of the *life insured*; or
- the *life insured* dies due to suicide (whether the *life insured* is aware or not aware of the result of their actions, regardless of their state of mind) within 2 years of the effective date of coverage or the most recent reinstatement date. If no insurance benefit is payable as a result of suicide, then we will pay the policy owner 100% of premiums paid since the effective date or since the most recent reinstatement date if the policy has been reinstated.

## PAYING FOR YOUR POLICY

### Premiums for this *policy*

We will provide *you* with the benefits described in this *policy* if *you* pay the premiums shown in the premium schedule. *You* must pay all premiums to TD Life Insurance Company by the premium due date.

If *you* are paying on a monthly basis, the first premium will be due on the First Premium Due Date specified in the Policy Schedule. Each subsequent premium due date will follow one year later.

If *you* are paying on an annual basis, the first premium will be due on the First Premium Due Date specified in the Policy Schedule. Each subsequent premium due date will follow one year later.

Any premium that *we* have collected that relates to insurance coverage after the date of death of the *life insured* will be refunded in the same manner as the Sum Insured.

*You* must notify *us* in writing at *our* Head Office if *you* wish to change the method or frequency of payments.

### If premiums are not received

We will allow a *grace period* of thirty (30) calendar days, during which time this *policy* will remain in effect even if premiums are not paid by the due date. If a claim becomes payable during the *grace period*, all outstanding premiums will be deducted from any claim payable. If the outstanding premiums are not paid by the end of the *grace period*, this *policy* will *lapse*.

### Putting *your policy* back into effect

If *your policy* ended because it *lapsed*, *you* may apply to have it put back into effect if the *life insured* is alive. This process is called *reinstatement*.

*You* may apply to *us* in writing within 2 years of the *lapse date* to have *your policy* reinstated. In order to *reinstate your policy* 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 date*;
- *you* must provide *us* with a completed Reinstatement Application; and
- *you* must provide *us* with new evidence of insurability for the *life insured* that *we* consider satisfactory.



## YOUR RIGHT TO CONVERT TO A PERMANENT LIFE INSURANCE POLICY

At any time, up to and including the *policy* anniversary nearest to the *life insured's* 69th birthday, regardless of the health of the *life insured*, you may convert the insurance in effect under this *policy*. The converted insurance will be for an amount not to exceed the Sum Insured (provided on the Policy Schedule) and will be on any permanent plan we make available for such conversion.

To exercise the conversion option, you must complete an application form which we will provide and pay us the first premium required for the converted insurance. The amount of this premium will depend on the age of the *life insured* at the time the conversion option is exercised, the risk classification used for this *policy* and the plan of the converted insurance.

The converted *policy* will not include any waiver of premium benefits that you may have had on this *policy*.

## MAKING A CLAIM

Before we will pay any claim under this *policy*, the person making the claim (the claimant) must provide:

- proof, satisfactory to us, that the *life insured* has died;
- upon our request, access to any medical records that we require to assess the claim, including an attending physician's statement and a coroner's report.

In addition, the claimant must provide other proof of loss if applicable.

In all cases, the proof of loss must be provided within one (1) year of the date of death of the *life insured* and any cost incurred in providing proof of claim is at the claimant's expense.

## WHEN INSURANCE COVERAGE ENDS

All coverage under this *policy* will end on the earliest of the date when any of the following occurs:

- the *life insured* dies; or
- we receive a written request from you to cancel your coverage; or
- the end of the *grace period* if premiums are not paid; or
- upon a fraudulent claim made by you or the *beneficiary*; or
- the *life insured's* 80<sup>th</sup> birthday.

## RENEWAL

We will renew this *policy* and insurance in effect at the end of the initial 10 year period for successive 10 year renewal periods each of the same length as the initial period, except the renewal anniversary nearest to the *life insured's* 80<sup>th</sup> birthday. The final renewal period will only run until the *life insured's* 80<sup>th</sup> birthday, at which point the *policy* will terminate and there will be no further renewal.

## BENEFICIARY

If a benefit is payable, we will pay the benefit to:

- your *beneficiary(ies)*; or
- if there is no *beneficiary* when the *life insured* dies, to you or your estate.

The right to name or change the *beneficiary* designation is reserved to you only. You do not need the consent of any *beneficiary* or *beneficiaries* to change any *beneficiary* under this *policy*, unless any rule of law requires his or her consent. All *beneficiary* designations are revocable unless otherwise stated or unless any contrary law applies.

If you wish to name or change your *beneficiary*, you must submit a written request to us, but such change shall not be binding on us until received at our Head Office. Once the *beneficiary* change request has been received, it will be our responsibility to fulfill the request as of the date the request was signed, but we will not be responsible for any benefits paid to the previous *beneficiary* before the receipt of the *beneficiary* request.

## ASSIGNMENTS AND OTHER DOCUMENTS

We are not bound by any documents that affect rights under this contract unless the document itself or written notice of it is received at our Head Office. We are not responsible for ensuring that any such document is valid or has the desired effect.

## GENERAL PROVISIONS

### Premium Adjustments

If incorrect information was provided during the application process that qualified the *life insured* for preferred rates we reserve the right to re-issue the *policy* with an adjusted premium based on the correct information.

Any information you provide after the *policy's effective date* and which impacts the premium can only be honored at time of notification.

### Misstatement of Age

If an incorrect age was provided for the *life insured*, but the *life insured* would have been eligible for insurance based on the *life insured's* actual age, the Sum Insured will be reduced to the level that the premiums actually paid would have provided based on the correct date of birth.

If an incorrect age was provided for the *life insured* and the *life insured* was ineligible for insurance based on the *life insured's* actual age, we will void this *policy* and refund all premiums paid.

### Contestability

We rely on the truth and completeness of the statements and answers you give us as evidence of insurability.

You understand that we may void your insurance coverage under this *policy* if you have concealed or misrepresented any information.

After insurance has been in effect for two (2) years from the *effective date* or *reinstatement date* we will treat all of the answers you gave as evidence of insurability as true, except for cases of fraudulent misrepresentation. This does not apply to information about the date of birth of the *life insured* in which case section Misstatement of Age above will apply.

### Waiver

This shall not be deemed to have waived or changed any condition of this *policy*, either in whole or in part, unless such waiver or change is clearly expressed in writing and signed by an officer of TD Life Insurance Company.

### Legal Action

No action at law or in equity shall be brought to recover on the *policy* prior to the expiration of 120 days after proof of claim has been furnished in accordance with the requirements of the *policy*. 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.

### Applicable Laws

Your insurance will be governed by the laws of the province where you were resident when you initially applied for insurance under this *policy*, without reference to that province's rules about conflicts of laws.

**This is the end of your policy.**

## TD 10-Year Term Life insurance

When you applied for this insurance you agreed to the following:

### DECLARATION AND AUTHORIZATION - PLEASE READ CAREFULLY

You are applying to TD Life Insurance Company (referred to as "TD Life" which is a member of the TD Bank Group) for TD 10-Year Term Life insurance and you declare and agree that:

- a) You will inspect the *policy* if issued, to verify that its terms are satisfactory.
- b) All your statements and answers are your true and complete statements and answers to the questions. The concealment, misrepresentation or false declaration in this application could void the insurance *policy* if issued.
- c) Payment of any benefits is subject to the limitations and exclusions as described in the *policy* if issued.
- d) You have thirty (30) days from the date the *policy* is mailed to review and cancel it. Any premiums collected to that point will be refunded. If you cancel any time thereafter, all unearned premiums will be refunded.
- e) No insurance coverage under the *policy* will take effect until the earliest of TD Life's written approval or the *effective date* of the *policy* if issued.
- f) The answers that you have provided form a part of the application along with any supplementary applications or forms that TD Life may require be submitted to TD Life.
- g) You have been provided with the opportunity to review all of your responses in this application.
- h) The purchase of this insurance is voluntary and is not required to obtain any other products or services from TD Life or its affiliates.

### Authorization

For the purposes of this authorization, the terms, "TD Life and its reinsurers" include the TD Life Insurance Company. A reproduction of this authorization is not valid as a contract. This authorization will be in effect as long as you remain a client of TD Life.

By applying for TD 10-Year Term Life insurance, you agree that the companies that insure and reinsure your coverage may collect, use and disclose your information as described in the Policy Agreement that will be included with your Policy Package. This means, for example, they can use this information to help identify you, to provide ongoing service, and meet legal requirements.

You authorize any licensed physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance company, MIB, Inc., ("MIB"), or other organization, institution or person that has any records or knowledge of you and your health, to release to TD Life or its reinsurers, any such information.

TD Life, or its authorized administrators or reinsurers, may make a brief report of your personal health information to the MIB, a non-profit membership organization of life insurance companies, which operates an information exchange on behalf of its members.

In the event of a claim, your heirs and the executor or administrator of your estate are authorized to provide TD Life, on its own behalf and as administrator for any other insurer who insures your coverage, with all the information and authorizations needed for claims purposes.

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

Is that okay with you? **Yes**



In this Agreement, the words “you” and “your” mean any person, or that person’s authorized representative, who has requested from us, or offered to provide a guarantee for, any product, service or account offered by us in Canada. The words “we”, “us” and “our” mean TD Bank Group (“TD”). TD includes The Toronto-Dominion Bank and its world-wide affiliates, which provide deposit, investment, loan, securities, trust, insurance and other products or services. The word “Information” means personal, financial and other details about you that you provide to us and we obtain from others outside TD, including through the products and services you use.

You acknowledge, authorize and agree as follows:

**COLLECTING AND USING YOUR INFORMATION**

At the time you request to begin a relationship with us and during the course of our relationship, we may collect Information including:

- details about you and your background, including your name, address, contact information, date of birth, occupation and other identification
- records that reflect your dealings with and through us
- your preferences and activities.

This Information may be collected from you and from sources within or outside TD, including from:

- government agencies and registries, law enforcement authorities and public records
- credit reporting agencies
- other financial institutions
- organizations with whom we have arrangements, other service providers, including payment card networks
- references or other information you have provided
- persons authorized to act on your behalf under a power of attorney or other legal authority
- your interactions with us, including in person, over the phone, at the ATM, on your mobile device or through email or the Internet
- records that reflect your dealings with and through us.

You authorize the collection of Information from these sources and, if applicable, you authorize these sources to give us the Information.

We will limit the collection and use of Information to what we require in order to serve you as our customer and to administer our business, including to:

- verify your identity
- evaluate and process your application, accounts, transactions and reports
- provide you with ongoing service and information related to the products, accounts and services you hold with us
- analyze your needs and activities to help us serve you better and develop new products and services
- help protect you and us against fraud and error
- help manage and assess our risks, operations and relationship with you
- help us collect a debt or enforce an obligation owed to us by you

- comply with applicable laws and requirements of regulators, including self-regulatory organizations.

**DISCLOSING YOUR INFORMATION**

We may disclose Information, including as follows:

- with your consent
- in response to a court order, search warrant or other demand or request, which we believe to be valid
- to meet requests for information from regulators, including self-regulatory organizations of which we are a member or participant, or to satisfy legal and regulatory requirements applicable to us
- to suppliers, agents and other organizations that perform services for you or for us, or on our behalf
- to payment card networks in order to operate or administer the payment card system that supports the products, services or accounts you have with us (including for any products or services provided or made available by the payment card network as part of your product, services or accounts with us), or for any contests or other promotions they may make available to you
- on the death of a joint account holder with you, if you are the survivorship, we may release any information regarding the joint account up to the date of death of the deceased representative of the deceased, except in Quebec where the surviving joint account holder is entitled to all account information to and after the date of death
- when we buy a business or sell all or part of our business or when considering those transactions
- to help us collect a debt or enforce an obligation owed to us by you
- where permitted by law.

**SHARING INFORMATION WITHIN TD**

Within TD we may share Information world-wide, other than health-related Information, for the following purposes:

- to manage your total relationship within TD, including servicing your accounts and maintaining consistent Information about you
- to manage and assess our risks and operations, including to collect a debt owed to us by you
- to comply with legal or regulatory requirements.

You may not withdraw your consent for these purposes.

Within TD we may also share Information world-wide, other than health-related Information, to allow other businesses within TD to tell you about products and services. In order to understand how we use your Information for marketing purposes and how you can withdraw your consent, refer to the Marketing Purposes section below.

**ADDITIONAL COLLECTIONS, USES AND DISCLOSURES**

**Social Insurance Number (SIN)** – If requesting products, accounts or services that may generate interest or other investment income, we will ask for your SIN for revenue reporting purposes. This is required by the Income Tax Act (Canada). If we ask for your SIN for other products or services, it is your option to provide it. When you provide us with your SIN, we may also use it as an aid to identify you and to keep your information separate from that of other customers with a similar name, including through the credit granting process. You may choose not to have us use your SIN as an aid to identify you with credit reporting agencies.

## PRIVACY AGREEMENT

**Credit Reporting Agencies and Other Lenders** – For a credit card, line of credit, loan, mortgage or other credit facility, merchant services, or a deposit account with overdraft protection, hold and/or withdrawal or transaction limits, we will exchange Information and reports about you with credit reporting agencies and other lenders at the time of and during the application process, and on an ongoing basis to review and verify your creditworthiness, establish credit and hold limits, help us collect a debt or enforce an obligation owed to us by you, and/or manage and assess our risks. You may choose not to have us conduct a credit check in order to assess an application for credit. Once you have such a facility or product with us and for a reasonable period of time afterwards, we may from time to time disclose your Information to other lenders and credit reporting agencies requesting such Information, which helps establish your credit history and supports the credit granting and processing functions in general. We may obtain Information and reports about you from Equifax Canada Inc., Trans Union of Canada, Inc. or any other credit reporting agency. You may access and rectify any of your personal information contained in their files by contacting them directly through their respective websites [www.consumer.equifax.ca](http://www.consumer.equifax.ca) and [www.transunion.ca](http://www.transunion.ca). Once you have applied for any credit product with us, you may not withdraw your consent to this exchange of Information.

**Fraud** - In order to prevent, detect or suppress financial abuse, fraud, criminal activity, protect our assets and interests, assist us with any internal or external investigation into potentially illegal or suspicious activity or manage, defend or settle any actual or potential loss in connection with the foregoing, we may collect, use and disclose your Information to law enforcement or government organization, fraud prevention agency, regulator, government body, the operator of a computer or network, or other information provided against existing information, or other insurance companies or lending institutions. For these purposes, your Information may be pooled with data belonging to other individuals and subject to data analytics.

**Insurance** – This section applies if you are applying for, requesting prescreening for, modifying or making a claim under, or have included with your product, service or account, an insurance product that we insure, reinsure, administer or sell. We may, collect, use, disclose and retain your Information, including health-related Information. We may collect this Information from you or any health care professional, medically-related facility, insurance company, government agency, organizations who manage public information data banks, or insurance information bureaus, including MIB Group, Inc. and the Insurance Bureau of Canada, with knowledge of your Information.

With regard to life and health insurance, we may also obtain a personal investigation report prepared in connection with verifying and/or authenticating the information you provide in your application or as part of the claims process.

With regard to home and auto insurance, we may also obtain Information about you from credit reporting agencies at the time of, and during the application process and on an ongoing basis to verify your creditworthiness, perform a risk analysis and determine your premium.

We may use your Information to:

- determine your eligibility for insurance coverage
- administer your insurance and our relationship with you
- determine your insurance premium
- investigate and adjudicate your claims
- help manage and assess our risks and operations.

We may share your Information with any health-care professional, medically-related facility, insurance company, organizations who manage public information data banks, or insurance information bureaus, including the MIB Group, Inc. and the Insurance Bureau of Canada, to allow them to properly answer questions when providing us with Information about you. We may share lab results about infectious diseases with appropriate public health authorities.

If we collect your health-related Information for the purposes described above, it will not be shared within TD, except to the extent that a TD company insures, reinsures, administers or sells relevant coverage and the disclosure is required for the purposes described above. Your Information, including health-related Information, may be shared with administrators, service providers, reinsurers and prospective insurers and reinsurers of our insurance operations, as well as their administrators and service providers for these purposes.

**Marketing Purposes** – We may also use your Information for marketing purposes, including to:

- Tell you about other products and services that may be of interest to you, including those offered by other businesses within TD and third parties we select
- determine your eligibility to participate in contests, surveys or promotions
- conduct research, analysis, modeling, surveys to assess your satisfaction with us as a customer, to develop products and services for you, or to improve our products and services
- contact you by telephone, fax, text message, or other electronic means and by dialing-announcing device, at the telephone numbers you have provided us, or by ATM, internet, mail, email and other methods.

With respect to these marketing purposes, you may choose not to have us:

- contact you occasionally either by telephone, fax, text message, ATM, internet, mail, email or all of these methods, with offers that may be of interest to you
- contact you to participate in customer research and surveys.

**Telephone and Internet discussions** – When speaking with one of our telephone service representatives, internet live chat agents, or messaging with us through social media, we may monitor and/or record our discussions for our mutual protection, to enhance customer service and to confirm our discussions with you.

### MORE INFORMATION

This Agreement must be read together with our Privacy Code, which includes our Online Privacy Code and our Mobile Apps Privacy Code. You acknowledge that the Privacy Code forms part of the Privacy Agreement. For further details about this Agreement and our privacy practices, visit [td.com/privacy](http://td.com/privacy) or contact us for a copy.

You acknowledge that we may amend this Agreement and our Privacy Code from time to time. We will post the revised Agreement and Privacy Code on our website listed above. We may also make them available at our branches or other premises or send them to you by mail. You acknowledge, authorize and agree to be bound by such amendments.

If you wish to opt-out or withdraw your consent at any time for any of the opt-out choices described in this Agreement, you may do so by contacting us at **1-888-788-0839**. Please read our Privacy Code for further details about your opt-out choices.

# Here are answers to questions you may have about your TD 10-Year Term Life insurance protection.

**Q** If my health changes during the term of my coverage, will my premiums increase?

**A** Your premium is set and guaranteed for each 10-year term of your insurance coverage. It will not change during each 10-year term, regardless of changes in your age or health (provided premium payments are made when due and the policy does not lapse).

**Q** Do I need to re-apply for coverage at the end of each 10-year term?

**A** No. As long as you continue to pay your premiums, your coverage will automatically renew at the end of each 10-year term for another 10-year term, with no medical questions. Coverage cannot be renewed beyond your 80th birthday.

**Q** Who will receive the benefits from my TD 10-Year Term Life insurance if I die?

**A** The benefit amount from your insurance will be payable to the beneficiary(ies) you designated. It could be your spouse, child, friend or any other person you selected. If you have not designated a beneficiary, the benefit amount from your insurance will be payable to the beneficiary or beneficiaries named in your will or to your estate as applicable.

**Q** Can I convert my coverage to permanent life insurance?

**A** Yes, you can only convert to permanent life insurance policy, with no medical questions, at any time up to and including the anniversary nearest the insured's 69<sup>th</sup> birthday. Of course, the premiums will depend on the type and amount of coverage chosen but, regardless of health, you cannot be turned down for coverage under this conversion option.

**Q** Will my beneficiary(ies) have to pay taxes on the benefit provided by my TD 10-Year Term Life insurance?

**A** No, under current tax law, benefits paid on your insurance are tax-free to the designated beneficiary.

**Q** What happens if I become totally disabled?

**A** If you are the policy owner, for an additional cost, you may choose to add a Waiver of Premium Benefit to the policy. This benefit must be added at the same time that you purchase TD 10-Year Term Life insurance. It can ensure that your coverage remains in place should you become disabled and cannot return to work, and may have problems paying for the policy. When you think about it, it ensures your coverage can stay in force when you need it most.

**Q** Is life insurance the only protection I need?

**A** Life insurance is the cornerstone of a sound financial plan. It can help to provide financial security for your family in the event of your death. But what if you should survive a critical illness or critical accident? With today's medical breakthroughs, more and more Canadians are surviving critical illnesses (cancer, heart attack or stroke) and injuries from critical accidents. You would need financial help to protect your lifestyle while you're recovering or retrofit your home, if necessary. That's why TD Insurance offers the Critical Illness Recovery Plan, Critical Accident Recovery Plan and an array of insurance solutions to meet your needs. For details, visit [tdinsurance.com](http://tdinsurance.com) or call to speak with a licensed TD Insurance representative at **1-888-788-0839**, Monday to Friday, 8 a.m. to 8 p.m., Eastern Time.

# TD 10-Year Term Life insurance – the smart choice

We insure our homes and cars without a second thought. But what about the family's most precious assets – ourselves, our spouses or partners, and our children? If you were to die, how would your loved ones cope financially?

By choosing TD 10-Year Term Life insurance, you've taken an important step in helping to secure the financial future of those you love if you were to die. Your coverage could provide a **tax-free**, lump sum benefit that can:

- help cover tuition costs to benefit your children's future
- help pay down a mortgage so your family can remain in the family home
- help ensure your funeral expenses won't become a burden for them at an already difficult time
- provide cash for day-to-day living expenses
- provide extra money to pay medical bills or outstanding debts

A simple, affordable,  
way to protect your family

TD 10-Year Term Life insurance is one of the simplest, most affordable ways to protect your family:

- your premiums are fixed for each 10-year term and are guaranteed not to increase during that 10-year term. Premiums will increase at each renewal of a 10-year term
- coverage renews automatically every 10 years until the life insured turns 80 years old, as long as your premiums are paid (unless you choose not to continue coverage)
- there is no medical examination required for automatic renewals
- you can convert to permanent life insurance at any time up to and including the policy anniversary nearest the insured's 69<sup>th</sup> birthday – without the need for a medical examination. Premiums on the converted policy will be based on your age at the time of conversion

## Coverage is also available for your spouse and other family members

Whether or not you live in a two-income household, the death of a spouse or partner could cause financial hardship – childcare expenses, medical bills, funeral expenses. Your spouse, partner or other family members may want to consider purchasing TD 10-Year Term Life insurance coverage. It could help ensure you will have the money you need to maintain your lifestyle and raise your family.

### More protection for you and your family

#### Accident and Health Insurance

Life and health insurance plays an essential role in planning for the future. By combining various insurance products, you can help provide for your family if the unexpected happens (illness, injury, or death). For more information on TD Insurance Life and Health products, call **1-866-944-0544**, Monday to Friday, 8 a.m. to 8 p.m., Eastern Time to speak to a licensed insurance representative.

#### Home and Auto Insurance

Home and auto insurance help provide the resources you'll need should a fire, accident or break-in happen in your home or car. For more information on TD Insurance Home and Auto insurance, call **1-877-808-0868**, Monday to Friday, 8 a.m. to 8 p.m., Eastern Time to speak to a licensed insurance representative.

#### Travel Medical Insurance

Protect yourself and your family from costly medical bills when you are traveling out-of-province and out-of-country. Frequent travelers will likely benefit from the comprehensive Annual Plan coverage that includes Trip Interruption and Trip Cancellation coverage. For details on Travel Insurance call **1-866-368-6509**, Monday to Friday, 8 a.m. to 8 p.m., Eastern Time to speak to a licensed insurance representative.

**SAMPLE**

**SAMPLE**



## Beneficiary Designation Form

Use this form to name the beneficiary on your TD 10-Year Term Life insurance policy.

- **Type or Print** all information using a ball point pen.
  - **Initial all corrections/changes**, including any changes you make with correction fluid (liquid paper).
  - Use of all lines is not required. If necessary, use a separate piece of paper to list all your beneficiary designations. If you use a separate sheet, please include your name and policy number on that sheet. All owners and existing irrevocable beneficiaries must sign and date the additional sheet.
- Provide the **full name(s)** of your beneficiary(ies).
  - Specify the percent of benefit to be paid to each beneficiary.
  - **Return this form to:**  
 TD Life Insurance Company  
 Life and Health Administration  
 P.O. Box 1  
 TD Centre  
 Toronto, Ontario M5K 1A2  
**T: 1-888-788-0839**

### 1. Information about the owner of the policy

<b>Name of Policy Owner</b> Robert Funny	<b>Policy Number</b> TD 1103 5167
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### 2. Your Primary Beneficiary designation

Beneficiaries are revocable unless you write the word "irrevocable" after that beneficiary's name.

If you have an **irrevocable** beneficiary, your rights in the policy will be limited. The irrevocable beneficiary must give written consent before you can:

- Change this designation; or
- Otherwise change your policy (e.g. decrease in coverage).

**NOTE:** Minor children cannot give written consent to these changes.

The **Primary Beneficiary** receives the benefits that are payable when the life insured dies.

If more than one **Primary Beneficiary** is appointed, proceeds will be payable to them in equal shares unless stated otherwise.

Name(s)	Date of Birth	Relationship to Life Insured	% of benefit*
First Middle Last	MM/DD/YYYY		%
First Middle Last	MM/DD/YYYY		%
First Middle Last	MM/DD/YYYY		%
First Middle Last	MM/DD/YYYY		%
* Shares of all Primary Beneficiaries must total 100%			<b>100%</b>

### 3. Your Secondary Beneficiary designation

If all **Primary Beneficiaries** die before the life insured, the **Secondary Beneficiary(ies)** will receive the benefits payable when the life insured dies.

If more than one **Second Beneficiary** is appointed, proceeds will be payable to them in equal shares unless stated otherwise.

Name(s)	Date of Birth	Relationship to Life Insured	% of benefit*
First Middle Last	MM/DD/YYYY		%
First Middle Last	MM/DD/YYYY		%
First Middle Last	MM/DD/YYYY		%
First Middle Last	MM/DD/YYYY		%
* Shares of all Secondary Beneficiaries must total 100%			<b>100%</b>

### 4. If the beneficiary is under the age of majority, please appoint a trustee.

I appoint and authorize the person named below to act as trustee for the beneficiary(ies) and to receive any benefit payable to a beneficiary while the beneficiary is under the age of majority. These proceeds are to be used solely for the support, maintenance, education and benefit of such beneficiary at the discretion of the trustee.

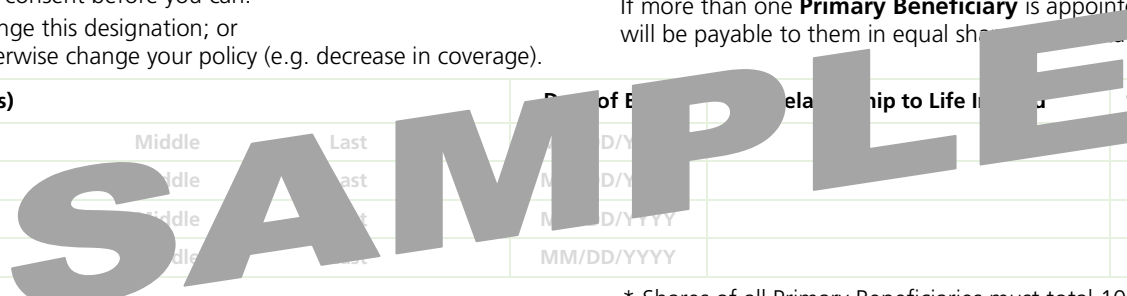
<b>Name of Trustee</b>
First Middle Last

### 5. Signatures

By signing below, I revoke any prior beneficiary and trustee appointments for this policy and I name the beneficiary(ies) listed on this form to receive any proceeds payable upon the death of the life insured.

<b>Policy Owner</b> (please print name)	<b>Signature of Policy Owner</b>
First Middle Last	
<b>Date</b>	<b>Signed at</b>
MM/DD/YYYY	City/Province

Tear along this line





Robert Funny  
101 King Street  
Cornor Brook, NL A2H 4V5

**PERSONAL & CONFIDENTIAL**

**SAMPLE**