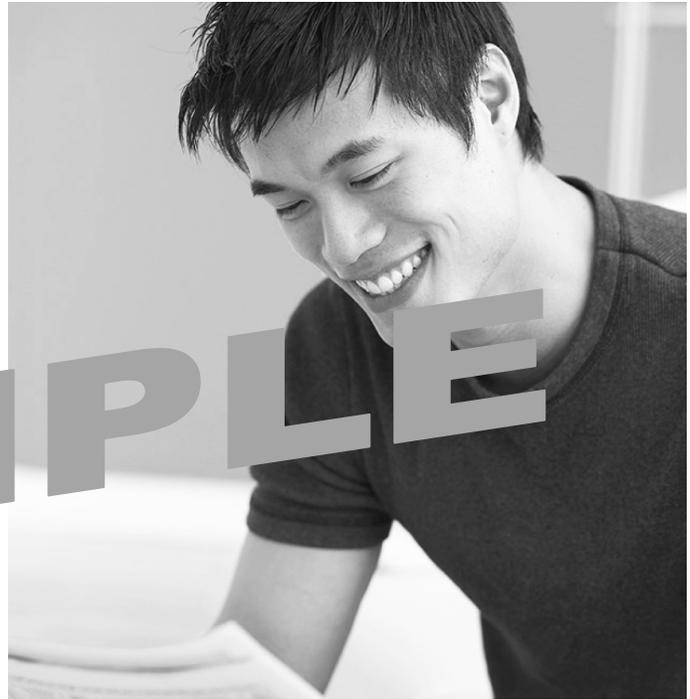


TD Insurance

TD Coverage for Accident and Sickness Hospitalization (TD CASH) Certificate of Insurance Package

**Hugo Brown
122 Queen Street
Toronto, ON M1K 5J5**



**This Booklet Includes Your
Certificate of Insurance
995
Hugo Brown,
your coverage starts
12:01 a.m. August 22, 2016**

Advantages Of Your TD CASH Plan

- **Tax-Free¹ Benefit Up To \$36,500**
- **Help Financially Support You and Your Family In The Event Of Hospitalization Due To Accident Or Illness**
- **Recovery Benefit**
- **Easy Claim Submission Process**

(Sept/16 V.12)



¹ Based on current Canadian tax laws.

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Welcome to TD Insurance

Thank You For Enrolling In The TD CASH Plan

CERTIFICATE OF INSURANCE

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

August 30, 2016

Hugo Brown
122 Queen Street
Toronto, ON M1K 5J5

**Important information about your TD Coverage for Accident and Sickness
Hospitalization (TD CASH) coverage under Group Policy: TDL022**

Certificate of Insurance #: 995 000 538

Insured by: TD Life Insurance Company*

Dear Hugo Brown,

Thank you for choosing TD Coverage for Accident and Sickness Hospitalization (TD CASH) Plan. By purchasing this insurance coverage, you have taken an important step in getting the financial support you and your family need in the event you or a loved one is hospitalized.

What you need to know

- Enclosed is your Certificate of Insurance (pages 1 to 5), which is an important record of the TD CASH coverage you purchased on August 22, 2016. Please read it carefully to understand the coverage now available to you, your spouse and your children.
- Please file your Certificate of Insurance 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.
- To keep this coverage active, you need to complete the enclosed Pre-Authorized Debit Agreement and send it back to us before the first premium payment date, which is scheduled to be deducted for the first time on September 22, 2016 and thereafter on the 22nd of every month. If you don't return this completed form, your insurance will terminate as described in your Certificate of Insurance.

*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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Here are some of the highlights of your insurance plan, which you'll find fully explained in this booklet:

A plan that provides protection for hospitalization due to both accident and illness	TD CASH plan also offers additional Recovery Benefit
<ul style="list-style-type: none">■ Benefit payments are made regardless of any other insurance you may have. And the money is yours to help cover costs such as semi-private hospital care, additional childcare, household bills, etc.■ If you are admitted as an inpatient for at least two days as a result of an accident or new illness, TD CASH plan will pay your benefit for each day you are in hospital.	<ul style="list-style-type: none">■ You can use this benefit for any of your needs or expenses when recovering from your hospital stay.■ This additional cash payment is payable if you are hospitalized for 48 hours or more.

We're here to help

Thank you for allowing us to help you with your insurance needs. If you have any questions or need assistance, a TD Insurance Service Representative will be happy to help. Please call us at **1-888-778-0839**, Monday to Friday, 8 a.m. to 8 p.m. (ET).

SAMPLE

Anna Kavanagh

Anna Kavanagh
Vice President, Life and Health Products
TD Life Insurance Company

P.S. Hugo, take a moment to review the Certificate of Insurance to see all the new benefits you now have.



This is *Your* Certificate of Insurance for TD Coverage for Accident and Sickness Hospitalization (TD CASH) Plan

This Certificate of Insurance is a detailed summary of *your* coverage provided under the *policy*.

NOTE: In this Certificate of Insurance, *you* and *your* refers to an *insured person(s)* who is/are insured under the *policy*.

We, us, our and the *insurer* refer to TD Life Insurance Company (TD Life).

This *policy* 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.

Coverage Summary

- All coverages on the *primary insured* and *spouse* will reduce by 50% when either turns 65.
- 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".

For example: If the *primary insured* has a coverage amount of \$200/day prior to turning 65 years old, when the *primary insured* turns age 65 their coverage reduces to \$100/day.

Hugo Brown
122 Queen Street
Toronto, ON M5H 5J5

Premium Amount	\$14.31
Premium Payment Frequency	Monthly
Premium Payment Account Type	Bank Account
First Premium Payment Date	September 22, 2016
Primary Insured Effective Date	August 22, 2016

Coverage Details	<i>Primary Insured</i> Hugo Brown	<i>Spouse</i>	<i>Dependent Child(ren)</i>
Age at Enrollment	35	N/A	N/A
Hospital Indemnity Benefit	\$200	N/A	N/A
Recovery Benefit	\$200	N/A	N/A
Effective Date	August 22, 2016	N/A	N/A
Coverage Ends On	August 18, 2056	August 18, 2056	August 18, 2056

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



Misstatement of Age

If a Certificate of Insurance is issued on an *insured person* based on an incorrect age, one of the following scenarios will apply:

- if an *insured person* is still eligible for insurance, the amount of coverage will be adjusted to the level that the premium paid would have provided, had they been based on the correct date of birth at that *insured person's effective date*;
- if the *primary insured* is not eligible for insurance, all coverages under this Certificate of Insurance will be considered never to have been in force and the *insurer* 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 Certificate of Insurance will be considered never to have been in force and the *insurer* will refund all premiums paid for the *spouse's* or *dependent child(ren)'s* coverage.

Introduction To Your Insurance Coverage

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

- The *insurer* agrees to insure *you* and if also designated, *your spouse* and *your dependent child(ren)*, subject to the terms and conditions.
- Each *insured person's* coverage begins on the *insured person's* *effective date* and continues until the *insured person's* *expiration date*. For additional details, please refer to section "Definitions: Your Coverage".

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

- this Certificate of Insurance; and
- *your* telephone, internet and/or paper enrollment form.

In *your* enrollment form, *you* confirmed that *you* and if also applying, *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 the *primary insured's* home province/territory at time of enrollment; and
- an *insured person* must be between the ages of 18 and 60 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).

How Much Do I Pay?

Your premium payments—as outlined in the "Coverage Summary"—will be collected monthly via direct debit from *your* bank account or credit card.

If a payment is not made by its due date, the *insurer* will allow a **grace period of one month from the premium due date**, during which time this Certificate of Insurance will remain active. However, if payment is not made by the end of the grace period, *your* coverage will terminate.

Premiums are fixed for the duration of coverage unless they change for all *insured persons* under the *policy*. The *insurer* has the right to change the premium rates with 30 days advance notice. In this instance, we will provide written notice to *you*.

If tax rates change, *your* premiums will change accordingly without notice to *you*.

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 TD Life at **1-888-788-0839** and—provided no claims have been made—any unearned premiums *you* insurance was provided as of the *effective date*.

If *you* decide to cancel *your* coverage any time after, please call TD Life at **1-888-788-0839** and—provided no claims have been made—any unearned premiums *you* may have paid will be refunded.

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 as set out in this Certificate of Insurance. For additional benefit details, please refer to the "Coverage Summary".

Hospital Indemnity Benefit

This benefit is only applicable if an *insured person* is *hospitalized* for at least two consecutive days, under the care of a *physician*, and the period of initial *hospitalization*:

- is necessary for the treatment of an illness;
- is necessary for an injury caused by an *accident*; and
- begins while this insurance is active on that *insured person*.

When an *insured person* is *hospitalized* for an *accident* or illness, the *insurer* may pay the *primary insured* the daily *hospital* benefit amount for each day of *hospitalization*, beginning on the third day of *hospitalization*.

Definitions Applicable to *Hospital Indemnity 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 Certificate of Insurance.

Admission means being admitted into a *hospital*.

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, drug abuse, other than mental

Hospitalization means the confinement in a *hospital* of an *insured person*.

Inpatient refers to a person who must stay 24 hours as an admitted patient in a *hospital* for medical treatment.

Please refer to page 5 in the Certificate of Insurance for a further list of definitions.

Recovery Benefit

This benefit provides a payment equal to one day of *hospital indemnity benefit* and is payable upon release from *hospital* if an *insured person*:

- has been confined as an *inpatient* in *hospital* for at least two consecutive days; and
- has met the requirements for payment of a *hospital indemnity benefit*, as described in the section "*Hospital Indemnity Benefit*".

Only one benefit is payable per *insured person* per *hospitalization*. Therefore, if a recurrence is treated as a continuation of an initial *hospitalization*, the recovery benefit is only payable in connection with the initial discharge from *hospital*. Please refer to the "*Recurrent Period of Hospitalization*" section for further details.

Recurrent Period Of *Hospitalization*

The recovery benefit will not be paid when recurrences of *hospitalization* are treated as continuations of the initial period of *hospitalization*.

Recurrent *hospitalization*—due to the same or related cause—within 180 days of one another, will be considered a continuation of the initial period of *hospitalization*. In this case, *hospital indemnity benefits* may be payable while an *insured person* meets the requirements, as described in the "*Hospital Indemnity Benefit*" section.

Hospitalizations occurring more than 180 days apart will be considered separate periods of *hospitalization*.

NOTE: The benefits will be calculated from the first day of the recurrence of *hospitalization*, instead of starting on the third day.

What is Excluded?

We will not pay an insurance benefit for an *insured person* if that *insured person's hospitalization*:

- is related to an *accident* that occurred before the *effective date*;
- is in relation to a *pre-existing condition*; more specifically, an *insured person's hospitalization*:
 - occurs within 24 months of *your coverage effective date* under this Certificate of Insurance; and
 - is the result of an illness or condition for which *you* had symptoms or received medical consultation, treatment, care or services, including prescribed medication, during the 12 months prior to the start of *your coverage* (this is called a *pre-existing condition*).
- is caused by, results from or happens while the *insured person* was committing or attempting to commit a criminal offence, including driving a motor vehicle while impaired;
- is a result of intentional self-inflicted injury or attempted suicide (whether the *insured person* is aware or not aware of the result of their actions, regardless of the *insured person's* state of mind);
- is a result of war, declared or undeclared;
- is a result of participation in professional sports, any speed contest, SCUBA diving unless the *insured person* holds 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;
- is a result of air travel as a pilot or crew member of any transportation used for aerial navigation;

- is caused directly or indirectly by the use of illegal or illicit drugs or substances, or misuse or abuse of alcohol or medication obtained with or without a prescription;
- began prior to 30 days after their birth;
- is a result of an *accident* that occurred more than 365 days before the *hospitalization*; and
- is due to elective surgery, including cosmetic surgery.

What Are The Coverage Maximums and Reductions?

- Each *insured person* is eligible for a maximum benefit of up to 365 days of *hospitalization*, regardless of the number of times an *insured person* is *hospitalized*—including recurrences.
- The maximum payment amount under the *hospital indemnity* benefit for an *insured person* is calculated by multiplying the *hospital indemnity* benefit amount for that *insured person* by 365 days. Please refer to the "Coverage Summary" for benefit amounts.
- Only one recovery benefit per an *insured person's* *hospitalization* is payable under the TD CASH plan. Any recurrent *hospitalization* due to the same or related cause—within 180 days of another *hospitalization*—will be considered a continuation of the initial period of *hospitalization*.
- All coverages on the *primary insured* and *spouse* will reduce by 50% when either turns 65. All coverages on any *insured person* will terminate when the *primary insured* turns 65. All coverages on the *spouse* will terminate when the *spouse* turns 75. All coverages on the *dependent child(ren)* 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 Does Your Coverage End?

All coverages for any *insured person*—including the *primary insured*—under this Certificate of Insurance 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* are *hospitalized* for a total of 365 days and paid the maximum benefit amount;
- *you* die;
- the *insurer* receives 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 *policy*. If this happens, *you* will receive 30 days advance written notice; or
- *you* turn 75 years old. For *dependent children*, 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)* is *hospitalized* for a total of 365 days and paid the maximum benefit amount;
- 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 *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 Certificate of Insurance, the *insured person*, the *insured person's* estate, or authorized representative must provide the *insurer* access to all necessary medical records and other relevant information. In addition, the *insured person* must undergo an examination of the *insured person's* physical condition by a physician of the *insurer's* 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 *policy*; 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 a ***hospital indemnity benefit***, the claim must be received within one year from *hospitalization*.
- For **subsequent admissions to a *hospital* for a covered *hospital* confinement**, the claim must be received within **one year** after subsequent *hospitalization*.

Additional claim information:

- The *insurer* will provide forms to the *insured person* making the claim or the *primary insured's* estate for proof of the claim upon request.
- The *insurer* must receive completed requirements within 90 days from receipt of the forms.
- Proof of claim is at the *insured person's* or the *insured person's* estate's expense.
- Claims for *hospital* stays 29 days or less will be administered on a per claim basis. Claims over 30 days in length will be administered on a monthly basis.

Additional Information About Your Coverage

- **Assignment:** This Certificate of Insurance may not be assigned.
- **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.
- **Non-Participating and Cash Values:** This Certificate of Insurance and the *policy* under which it was issued are non-participating and have no cash values.
- **Waiver:** The *insurer* will not waive any condition of this Certificate of Insurance, unless the waiver is clearly expressed in writing and signed by the *insurer*.
- This Certificate of Insurance #995 000 538 is issued under *policy* TDL022 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: 1-888-788-0655

Definitions Of The Terms We've Used

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

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

- under 22 years of age, unmarried, and receives full support and maintenance from the *insured person*;
- 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
- 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*.

Any dependent child(ren) born while an *insured person's* coverage under the *policy* is active, will automatically be covered on the 30th day after the date of birth, or on discharge from *hospital* after birth—whichever is later—provided the dependent child(ren) coverage has been applied for and is shown in the "Coverage Summary".

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

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.

Policy refers to group policy TDL022 between TD Life and TD Bank.

Pre-Existing Condition means the result of an illness or condition for which you had symptoms or received medical consultation, treatment, care or services, including prescribed medication, during the 12 months prior to the *insured person's effective date*.

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

Spouse means:

- the person to whom an *insured person* is lawfully married; or
 - an *insured person's* designated partner who has lived with the *insured person* for at least two years prior to the *insured person's* *effective date* and is publicly represented as the *insured person's* partner.
- You and Your Spouse*** refers to the *insured person* who is/are insured under the *policy*.

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

This is the end of the Certificate of Insurance.

The pages that follow contain additional helpful information about your coverage.



Declaration and Authorization For *Your* TD Coverage for Accident and Sickness Hospitalization (TD CASH)

Please read carefully

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

- You are enrolling in the **TD Coverage for Accident and Sickness Hospitalization (TD CASH)**.

You declared and agreed that:

1. You will inspect the Certificate of Insurance to verify that its terms are satisfactory.
2. 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 Certificate of Insurance.
3. Payment of any benefits is subject to the terms and conditions, as described in the Certificate of Insurance.
4. 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, *your* Certificate of Insurance will be cancelled as of the *effective date*. If you decide to cancel *your* coverage any time after—provided no claims have been made—any unearned premiums you may have paid will be refunded.
5. Premiums are fixed for the duration of coverage unless they change for all *insured persons* under the *policy*.
6. All coverages on the *primary insured* and *spouse* will reduce by 50% when either turns 65. All coverages on any *insured person* will terminate when the *primary insured* turns 65. All coverages on 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 when the child no longer meets the criteria for the definition of *insured person* or *spouse*. For complete details, please refer to section "Definitions of the Terms We've Used."
7. No insurance coverage will start until *your effective date* of coverage as outlined in the Certificate of Insurance.
8. The purchase of this insurance is voluntary and is not required in order to obtain any other product or service from TD Life or their affiliates.
9. The answers that you have provided above form a part of the application along with any supplementary applications or forms that the *insurer* may require to be submitted to TD Life.

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 Certificate of Insurance is issued and continue monthly on the same date thereafter.

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

Do I have your consent?	Yes
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Privacy Agreement

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 authorities, law enforcement agencies, securities and public records
- credit agencies
- other financial reporting institutions
- organizations with whom you make arrangements, other service providers or agents, 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 right of survivorship, we may release any information regarding the joint account up to the date of death to the estate representative of the deceased, except in Quebec where the liquidator is entitled to all account information up 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 necessary to provide. 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 similar names, 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.

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 and 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 from, use and disclose your Information to any person or organization, fraud prevention agency, regulatory or government body, the operator of any database or registry used to check information provided against existing information, or other insurance companies or financial 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 Information from your health care provider, medical specialist, health insurance company, government agencies, 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.

Privacy Agreement

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, feedback and surveys to assess your reaction with us as a customer, and to develop products and services
- contact you by telephone, fax, text messaging, or other electronic means and automatic dialing-announcing device, at the 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 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.

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Frequently Asked Questions About TD Coverage for Accident and Sickness Hospitalization (TD CASH)

Q When does my coverage begin?

A Your coverage begins on the effective date of your Certificate of Insurance, as outlined in the Coverage Summary (page 1).

Q What are my benefits?

A You are covered for the hospital indemnity benefit and recovery benefit as outlined in the Coverage Summary (page 1) and subject to the terms and conditions in the Certificate of Insurance. For further benefit details, please refer to the section "What Benefits Are Provided?" (page 2).

Q Who receives the benefit?

A The benefit is paid directly to the primary insured, or to the primary insured's estate if the primary insured dies before payment of benefits.

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

A In the event of your hospitalization due to an accident or illness—as outlined in the Certificate of Insurance—you're going to file a claim. Claim forms are available by calling TD Life at 1-888-788-0839 or to visit [td.com/tdcash/claim](#). For more information, see "How Do I Make A Claim?" (page 4) for complete information on how to file a claim.

Q How are premiums paid?

A 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 8:00 p.m. (ET).

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

A 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 1) and "How Much Do I Pay?" (page 2) in the Certificate of Insurance.

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

A No. Under existing Canadian tax laws, all payments under the TD CASH are tax-free.

Q Who do I contact for more information?

A For information or questions on your TD CASH plan, please call TD Life at **1-888-788-0839**.

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