Issued by: TD Life Insurance Company ("TD Life") under Group Policy Number TI004 and TD Home and Auto Insurance Company ("TD Home & Auto") under Group Policy Number TGV007 (the "Group Policy" or "Group Policies") to The Toronto-Dominion Bank (the "Policyholder"). Our Administrator administers the insurance on behalf of TD Life and TD Home & Auto and provides claims payment and administrative services under the Group Policies.

Important Notice – Please Read Carefully

This Certificate contains important information and a clause which may limit the amount payable. Please read it carefully and take it with You on Your Trip.

- The coverage described in this Certificate is designed to cover losses arising from sudden and unforeseeable circumstances only. It is important that You read and understand this Certificate before You travel as Your coverage may be subject to certain limitations or exclusions.
- WARNING: This insurance does not cover, provide services, or pay claims for expenses resulting from Pre-Existing Conditions. A Pre-Existing Condition means a Medical Emergency Condition for which symptoms appeared in the Pre-Existing Condition Period; which was investigated, diagnosed or Treated during the Pre-Existing Condition Period; or for which further investigation was recommended or prescribed, or for which a change in Treatment was recommended (including a change in medication or its dosage) during the Pre-Existing Condition Period. If a Medical Emergency Condition existed or if symptoms existed on or prior to the Departure Date, a Pre-Existing Condition exclusion may apply.
- In the event of an accident, injury or sickness, Your prior medical history may be reviewed when a claim is reported.
- If You need to cancel or interrupt Your Trip, it's important to call Our Administrator immediately at the 24 Hour Emergency Assistance number found in Section 11, below. You are required to notify Our Administrator prior to cancelling or interrupting Your Trip.

It is important to cancel or interrupt Your Covered Trip immediately, but no later than 24 hours following the covered cause for cancellation or interruption because the amount payable under this policy may be limited to any penalties imposed by Your travel provider(s) which are in effect on the date the covered cause for cancellation or interruption occurs.

This Certificate contains a provision removing or restricting the right of the group person insured to designate persons to whom or for whose benefit insurance money is to be payable.

Please read this Certificate carefully before You travel.

If You have any questions or need clarification, call 1-800-293-4941.
SECTION 1 – SUMMARY OF BENEFITS

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Maximum Benefit Payable</th>
<th>Page Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trip Cancellation Insurance (Before Departure)</td>
<td>Up to the Amount of Coverage purchased, to a maximum insurable amount of $20,000 per Insured Person, per Covered Trip.</td>
<td>9</td>
</tr>
<tr>
<td>Trip Interruption Insurance (After Departure):</td>
<td>Unused portion of pre-paid travel arrangements, up to the Amount of Coverage purchased prior to departure, to a maximum insurable amount of $20,000 per Insured Person, per Covered Trip.</td>
<td>9</td>
</tr>
<tr>
<td>Transportation</td>
<td>One-way economy class ticket.</td>
<td>9</td>
</tr>
<tr>
<td>Meals and Accommodation</td>
<td>Up to $350 per day, per Insured Person, up to a maximum of $700 per Insured Person, per Covered Trip.</td>
<td>10</td>
</tr>
<tr>
<td>Return of Deceased</td>
<td>Up to $10,000 towards transportation or burial in the event of the death of an Insured Person.</td>
<td>10</td>
</tr>
</tbody>
</table>

SECTION 2 – DEFINITIONS

In this Certificate, the following words and phrases shown in italics have the meanings shown below. As You read through the Certificate, You may need to refer to this Section to ensure You have a full understanding of Your coverage, limitations and exclusions.

Administrator means the service provider arranged by TD Life and TD Home & Auto to provide claims payment and administrative services under the Certificate.

Amount of Coverage means the insurable amount of Trip Cancellation and Trip Interruption Insurance that You purchase under this Certificate. This is the maximum amount of money that You may be eligible to receive in the event of an approved claim for Trip Cancellation or Trip Interruption of a Covered Trip.

Business Meeting means a meeting, tradeshow, training course, or convention scheduled before Your Effective Date between companies with unrelated ownership, pertaining to Your full-time occupation or profession and that is the sole purpose of Your Trip. Legal proceedings are not considered to be a Business Meeting.

Caregiver means the permanent, full-time person entrusted with the well-being of Your Dependent Child or Children and whose absence cannot reasonably be replaced.

Certificate means this Certificate of Insurance.

Certificate Number means the unique identifier that You receive when You buy this insurance online or by telephone.

Change in Medication means the medication dosage or frequency has been reduced, increased, stopped and/or new medication(s) has/have been prescribed.

Exceptions: A change from a brand name medication to a generic brand medication of the same dosage does not constitute a Change in Medication.

Common Carrier means any land, air or water conveyance (e.g. passenger plane, ferry, cruise ship, bus, limousine, taxi or train) which is licensed to carry passengers without discrimination and for hire, excluding courtesy transportation provided without a specific charge.

Coverage Period means the period of time during which a covered event must occur for a benefit to be payable as detailed in Section 6.

Covered Trip means a trip:
- Made by an Insured Person;
- Outside the Insured Person’s province or territory of residence;
- That does not extend to or past:
  - The date the Insured Person no longer meets the eligibility requirements set out in Section 3;
  - The date coverage terminates as described in Section 4.
- That was booked or reserved prior to departure from Your Home.

Declaration of Coverage means the document Our Administrator sends to You when You enroll, online or by phone, for coverage under the Group Policy. It includes Your Certificate Number and confirms the coverage You have purchased.

Departure Date means the date You leave Home, as shown on Your Trip itinerary.

Dependent Child or Children means Your children who are:
- Your natural, adopted or step children and who are:
  - Unmarried;
  - Dependent on You for maintenance and support; and
  - Who are:
    - Under 22 years of age; or
- Under 26 years of age and attending an institution of higher learning, full-time, in Canada; or
- Any age and mentally or physically handicapped.

**Dollars** and **$** mean Canadian dollars.

**Effective Date** means the date and time the required premium is paid and the **Certificate** takes effect as shown on Your insurance application or most recent Declaration of Coverage.

**Extension Period** means the additional period of coverage which You purchase by contacting Our Administrator as described in Section 5.

**Group Policy or Group Policies** means TD Life Insurance Company (“TD Life”) under Group Policy Number TI004 and TD Home and Auto Insurance Company (“TD Home & Auto”) under Group Policy Number TGV007.

**Home** means:
- Your Canadian province or territory of residence, if You requested coverage to start when You depart on Your Covered Trip; or
- The place You leave from on the first day of coverage and are scheduled or ticketed to return to on the last day of coverage, in the case of Trip Interruption.

**Hospital** means an institution that is accredited and licensed by the appropriate authority as a Hospital to Treat patients on an in-patient, out-patient and emergency basis; or the nearest medical facility that has been approved in advance by Our Administrator.

**Exceptions:** Hospital does not include chronic care, convalescent, rehabilitation or nursing home facilities.

**Immediate Family Member** means Your Spouse, parents, step parent, grandparents, Dependent Children, step sisters, step brothers, grandchildren, brothers, brothers-in-law, sisters, sisters-in-law, aunts, uncles, nieces or nephews, sons-in-law or daughters-in-law, and the Insured Person's Spouse's parents, grandparents, brothers, brothers-in-law, sisters, and sisters-in-law.

**Insured Person(s)** means a person who is eligible to be insured under this **Certificate** as described in Section 3.

**Insured Risk** means a covered cause for cancellation or interruption as described in Section 7 of this **Certificate**.

**Key Employee** means a business partner, or an employee who is critical to the ongoing affairs of Your business during the trip.

**Exceptions:** This applies exclusively to self-employed individuals.

**Medical Emergency Condition** means an irregularity in the health of an Insured Person which required or requires medical advice, consultation, investigation, Treatment, care, service or diagnosis by a Physician.

**Mountaineering** means the ascent or descent of a mountain requiring the use of specialized equipment, including crampons, pick-axes, anchors, bolts, carabiners and lead-ropes or top-ropes anchoring equipment.

**Physician** means a Physician or surgeon who is registered or licensed to practice medicine in the jurisdiction where he or she provides medical advice or Treatment and who is not related by blood or marriage to any Insured Person under this **Certificate**.

**Pre-Existing Condition** means a Medical Emergency Condition:
- For which symptoms appeared in the Pre-Existing Condition Period; or
- For which further investigation was recommended or prescribed, or for which a change in Treatment was recommended (including a Change in Medication or its dosage) during the Pre-Existing Condition Period.

**Pre-Existing Condition Period** means the period of time (outlined below) that ends immediately before the Coverage Period with respect to any benefit under this **Certificate** as follows:
- Insured Person(s) under 65 years of age – 90 days immediately before the beginning of the Coverage Period; and
- Insured Person(s) 65 years of age or older – 180 days immediately before the beginning of the Coverage Period.

**Policyholder** means The Toronto-Dominion Bank.

**Return Date** the date on which You are scheduled to return to Your Home. This date is shown on Your insurance application or most recent Declaration of Coverage.

**Spouse** means:
- The person who the Insured Person is legally married to; or
- The person the Insured Person has lived with for at least one (1) year and publicly refers to as his or her domestic partner.

**Stable** means the Medical Emergency Condition is not worsening and there has been no alteration in any medication for the condition or its usage or dosage, nor any Treatment prescribed or recommended by a Physician or received within the period specified in this **Certificate**.

**Terrorism or Act(s) of Terrorism** means any activity occurring within an inclusive fourteen day period, with the exception of an act of war against persons, organizations, property (whether tangible or intangible), or infrastructure of any nature by an individual or a group based in any country that involves the following or preparation for the following:
- Use, or a threat to use, force or violence; or
- Commission of, or a threat to commit, a dangerous act; or
• Commission of, or a threat to commit, an act that interferes or disrupts an electronic, information or mechanical system;
and the effect or intention of the above is to:
• Intimidate, coerce or overthrow a government (whether de facto or de jure) or to influence, affect or protest Against its conduct or policies;
• Intimidate, coerce or instill fear in the civilian population or any segment thereof;
• Disrupt any segment of the economy; or
• Further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.

**Travelling Companion** means someone who shares trip arrangements and accommodations with You.

**Exceptions:** No more than three (3) individuals (including You) will be considered travel companions on any one trip.

**Treated or Treatment** means any medical, therapeutic or diagnostic procedure prescribed, performed or recommended by a Physician, including but not limited to prescribed or un-prescribed medication, investigative testing and surgery. The term “treatment” does not include the unaltered use of prescribed medication for a **Medical Emergency Condition** which is **Stable**.

**Trip** means the period of time between Your **Effective Date** of insurance and **Return Date** shown on Your most recent **Declaration of Coverage**.

**We**, **Us** and **Our** mean:
- TD Life with respect to the medically covered causes for Trip Cancellation and Trip Interruption Insurance; and
- TD Home & Auto with respect to the non-medically covered causes for Trip Cancellation and Trip Interruption Insurance.

**You** and **Your** means the person(s) named as the **Insured Person(s)** on Your most recent **Declaration of Coverage**, for which insurance coverage was applied and the appropriate premium has been received by Us.

**SECTION 3 – ELIGIBILITY**

You may apply for Trip Cancellation and Trip Interruption Insurance if:
- You are at least 18 years old on the **Effective Date** of Your Certificate as indicated on Your insurance application or most recent **Declaration of Coverage**;
  - If You are under 18 years old, a parent or guardian can provide authorization.
- You are a customer of the **Policyholder** or its affiliates/subsidiaries;
- You are a resident of Canada and are in Canada when You buy the coverage; and
- You purchase coverage for the full duration of Your Trip up to a maximum of 365 days from the Departure Date as indicated on Your insurance application or most recent Declaration of Coverage.

If You fail to meet any of the conditions outlined above, Your insurance is void and our liability is limited to a refund of the premium paid.

**SECTION 4 – WHEN YOUR CERTIFICATE TERMINATES**

Your Trip Cancellation and Trip Interruption Insurance will automatically terminate on the earliest of:
- The date the covered cause of cancellation occurred, if Your Covered Trip is cancelled before Your Departure Date from Your Home;
- The date You return to Your Home;
- Midnight of Your Return Date; and
- 365 days after Your Departure Date from Your Home.

You may be eligible for a refund of Your Trip Cancellation and Trip Interruption Insurance premium if:
- Your Trip is cancelled before You depart on Your Trip and:
  - The supplier (e.g. tour operator, airline, etc.) cancels Your Covered Trip and all penalties are waived; or
  - The supplier (e.g. tour operator, airline, etc.) changes the travel dates and You are unable to travel on these dates and all penalties are waived; or
  - You cancel Your Covered Trip before any cancellation penalties are in effect.
- No refund of premium will be made in the event that a claim has been paid, incurred or reported or if You have already departed on Your Covered Trip.
SECTION 5 – HOW TO EXTEND COVERAGE

If you decide to extend your covered trip, you must request the extension period by contacting our administrator before your return date, and any extension of your coverage is subject to the following conditions:

- You have not had a Medical Emergency Condition under your existing coverage or under any other travel insurance product you have with us;
- If you have had a Medical Emergency Condition under your existing coverage or under any other travel insurance product you have with us:
  - Any extension period is subject to approval by our administrator.
- The extension of coverage will under no circumstances result in an extension period of more than 365 days after your departure date from your home.

Note: The delay of a Common Carrier will result in an automatic extension of coverage up to a maximum of 72 hours or until you return to your home, whichever is earlier.

The terms, conditions and exclusions of the certificate apply to you during the extension period.

SECTION 6 – THE COVERAGE PERIOD

Trip Cancellation Coverage Period
- The trip cancellation insurance coverage period begins on the effective date indicated on your most recent declaration of coverage.
- The trip cancellation insurance coverage period ends on the departure date stated on your most recent declaration of coverage.

Trip Interruption Coverage Period
- The trip interruption coverage period begins once you have departed from your home as indicated on your travel invoice or ticket, provided that the covered trip is reserved or purchased with a travel supplier prior to your departure date.
- The trip interruption coverage period ends on the earlier of:
  - The date you return to your home; or
  - Midnight of your return date, as stated on your most recent declaration of coverage.

SECTION 7 – WHAT YOUR INSURANCE COVERS

Trip cancellation and trip interruption insurance provides coverage for the following causes for cancellation and interruption. Below is a summary of what benefits are available to you.

For a complete description of each benefit, please refer to pages 9 - 10.

<table>
<thead>
<tr>
<th>What are the Covered Causes?</th>
<th>What benefits are you eligible for?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Emergency/Death</td>
<td>Trip Cancellation</td>
</tr>
<tr>
<td>The Medical Emergency Condition of You or Your Travelling Companion.</td>
<td>✓</td>
</tr>
<tr>
<td>The admission to a Hospital following a Medical Emergency Condition of a member of Your Immediate Family (who is not at your destination), Your business partner, Key Employee or Caregiver.</td>
<td>✓</td>
</tr>
</tbody>
</table>
A member of Your Immediate Family, Your business partner, Key Employee or Caregiver suffers a Medical Emergency Condition or dies.

| Your host at destination is admitted to a Hospital or dies following a Medical Emergency Condition. | ✓ | • Unused portion of pre-paid travel arrangements
• Transportation
• Meals and Accommodation | ✗ |
| Your Travelling Companion's Immediate Family Member, business partner, Key Employee or Caregiver suffers a Medical Emergency Condition or dies. | ✓ | • Unused portion of pre-paid travel arrangements
• Transportation
• Meals and Accommodation | 
| The Medical Emergency Condition or death of Your Immediate Family Member who is at Your destination. | ✓ | • Unused portion of pre-paid travel arrangements
• Transportation
• Meals and Accommodation | 
| Your death. | ✓ | • Unused portion of pre-paid travel arrangements
• Return of deceased | 
| The death of Your Travelling Companion. | ✓ | • Unused portion of pre-paid travel arrangements
• Transportation
• Meals and Accommodation | 

<table>
<thead>
<tr>
<th>Pregnancy and Adoption</th>
<th>Trip Cancellation</th>
<th>Trip Interruption</th>
<th>Delayed Return</th>
</tr>
</thead>
</table>
| Complications of a pregnancy when they occur in the first 31 weeks of a pregnancy involving You, Your Spouse, or a member of Your Immediate Family. | ✓ | • Unused portion of pre-paid travel arrangements
• Transportation
• Meals and Accommodation | 
| **Limitation:** The confirmation of a multiple pregnancy or the confirmation of a pregnancy as a result of fertility treatment(s) are not considered complications of pregnancy. | | | 
| Complications of a pregnancy when they occur in the first 31 weeks of pregnancy involving Your Travelling Companion, or a member of the Immediate Family of Your Travelling Companion or Travelling Companion’s Spouse. | ✓ | • Unused portion of pre-paid travel arrangements
• Transportation
• Meals and Accommodation | 
| **Limitation:** The confirmation of a multiple pregnancy or the confirmation of a pregnancy as a result of fertility treatment(s) are not considered complications of pregnancy. | | | 
| Your or Your Spouse’s pregnancy being confirmed after Your Effective Date if Your departure from Your Home falls within 9 weeks before or after the expected delivery date. | ✓ | | 
| Your Travelling Companion’s or Your Travelling Companion’s Spouse’s pregnancy being confirmed after Your Effective Date if Your departure from Your Home falls within 9 weeks before or after the expected delivery date. | ✓ | ✗ | ✗ |
| Your legal adoption of a child, when the actual date of that adoption is scheduled to take place after | | | 

Please refer to Pages 9-10 for a complete description of each benefit.
| **Your Effective Date** of Insurance and before or after **Your Departure Date.** | ✓ | • Unused portion of pre-paid travel arrangements | × |
| **Your Travelling Companion’s** legal adoption of a child, when the actual date of that adoption is scheduled to take place after **Your Effective Date** of Insurance and before or after **Your Departure Date.** | ✓ | • Transportation | • Meals and Accommodation | |
| **Travel Visas and Government Advisories** | | | |
| Department of Foreign Affairs, Trade and Development Canada (DFATD) issues a written formal Travel Warning during **Your Trip**, or, after You purchase **Your insurance** but before **Your Departure Date**, advising Canadians to avoid all or non-essential travel to a destination included in **Your Covered Trip.** | ✓ | • Unused portion of pre-paid travel arrangements | • Transportation | • Meals and Accommodation | × |
| Your travel visa is not issued or Your travel visa application is rejected for reasons beyond Your control. **Limitation:** The non-issuance of an Immigration and/or Employment Visa is not covered. The non-issuance of a travel visa due to late visa application is not covered. | ✓ | × | × |
| **Your Travelling Companion’s** travel visa is not issued or travel visa application is rejected for reasons beyond **Your Travelling Companion’s** control. **Limitation:** The non-issuance of an Immigration and/or Employment Visa is not covered. The non-issuance of a travel visa due to late visa application is not covered. | ✓ | | |
| **Causes relating to Employment** | | | |
| You or Your Spouse is transferred by the employer with whom You or Your Spouse is employed on **Your Effective Date**, which requires the relocation of Your principal residence. | ✓ | • Unused portion of pre-paid travel arrangements | • Transportation | • Meals and Accommodation | × |
| You or Your Spouse lose(s) a permanent job due to lay-off or dismissal without just cause. **Limitation:** Loss of contract employment or self-employment is not covered. | | | |
| Cancellation of **Your or Your Travelling Companion’s Business Meeting** beyond Your or Your employer’s control or **Your Travelling Companion’s** or **Your Travelling Companion’s** employer’s control. | ✓ | • Transportation | • Meals and Accommodation | |
| Your being summoned to service in the case of reservists, active military, police, essential medical personnel and fire personnel. | | | |
| A transfer by the employer with whom Your Travelling Companion or Your Travelling Companion’s Spouse is employed on **Your Effective Date**, which requires the relocation of their principal residence. | | | | |
Your Travelling Companion or Your Travelling Companion’s Spouse loses a permanent job due to lay-off or dismissal without just cause.

**Limitation:** Loss of contract employment or self-employment is not covered.

Your Travelling Companion being summoned to service in the case of reservists, active military, police, essential medical personnel and fire personnel.

<table>
<thead>
<tr>
<th>Travel Delays</th>
<th>Trip Cancellation</th>
<th>Trip Interruption</th>
<th>Delayed Return</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delay of <em>Your</em> scheduled carrier, due to weather conditions, earthquakes or volcanic eruptions, for a period of at least 30% of the <em>Covered Trip</em>, when <em>You</em> choose not to continue with <em>Your</em> travel arrangements.</td>
<td>✓</td>
<td>• Unused portion of pre-paid travel arrangements</td>
<td>×</td>
</tr>
<tr>
<td>Delay of <em>Your Travelling Companion’s</em> scheduled carrier, due to weather conditions, earthquakes or volcanic eruptions, for a period of at least 30% of the <em>Covered Trip</em>, when <em>You</em> choose not to continue with <em>Your</em> travel arrangements.</td>
<td>✓</td>
<td>• Unused portion of pre-paid travel arrangements</td>
<td>×</td>
</tr>
<tr>
<td>Delay of <em>Your Travelling Companion’s</em> scheduled carrier, due to weather conditions, earthquakes or volcanic eruptions, for a period of at least 30% of the <em>Covered Trip</em>, when <em>You</em> choose to continue with <em>Your</em> travel arrangements.</td>
<td>✓</td>
<td>• Cost of the next occupancy charge</td>
<td>×</td>
</tr>
<tr>
<td>Delay of a private automobile resulting from the mechanical failure of that automobile, weather conditions, earthquakes, volcanic eruptions, a traffic accident, or an emergency police-directed road closure, causing <em>You</em> to miss a connection or resulting in the interruption of <em>Your</em> travel arrangements, provided the automobile was scheduled to arrive at the point of departure at least 2 hours before the scheduled time of departure.</td>
<td>×</td>
<td>• Unused portion of pre-paid travel arrangements</td>
<td>• Transportation • Meals and Accommodation</td>
</tr>
<tr>
<td>Delay of <em>Your</em> connecting <em>Common Carrier</em>, resulting from the mechanical failure of that carrier, a traffic accident, an emergency police-directed road closure, weather conditions, earthquakes, volcanic eruptions, loss or theft of <em>Your</em> passports, travel documents; causing <em>You</em> to miss a connection or resulting in the interruption of <em>Your</em> travel arrangements.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Other Risks**

<table>
<thead>
<tr>
<th></th>
<th>Trip Cancellation</th>
<th>Trip Interruption</th>
<th>Delayed Return</th>
</tr>
</thead>
<tbody>
<tr>
<td>An event completely independent of any intentional or negligent act that renders <em>Your</em> principal residence uninhabitable or the business that <em>You</em> own inoperative.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Your</em>, <em>Your Spouse</em> or <em>Your Dependent Child</em> being: a) Called for jury duty; b) Subpoenaed as a witness; or c) Required to appear as a party in a judicial proceeding, during <em>Your Covered Trip</em>.</td>
<td>✓</td>
<td>• Unused portion of pre-paid travel arrangements</td>
<td>×</td>
</tr>
<tr>
<td><em>Your</em> commercial accommodation at <em>Your Trip</em> destination is rendered uninhabitable due to a disaster or event independent of any intentional act</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please refer to Pages 9 - 10 for a complete description of each benefit.
of negligence.

An event completely independent of any intentional or negligent act that renders Your Travelling Companion’s principal residence uninhabitable or the business that he/she owns inoperative.

| Your Travelling Companion, Your Travelling Companion’s Spouse or Dependent Child being: | ✓ | • Unused portion of pre-paid travel arrangements
| | | • Transportation
| | | • Meals and Accommodation
| The quarantine or hijacking of You, Your Spouse or Your Dependent Child. | ✓ | • Unused portion of pre-paid travel arrangements
| | | • Transportation
| | | • Meals and Accommodation
| The quarantine or hijacking of Your Travelling Companion or Your Travelling Companion’s Spouse or Dependent Child. | ✓ | • Transportation
| | | • Meals and Accommodation

Chart Legend:

✓ : Eligible for benefit
× : Ineligible for benefit

The Benefits Listed Above Include the Following:

Trip Cancellation Insurance (Before Departure Date):
If one of the covered causes listed in section 7 occurs before You leave Home and You are unable to travel:
- We will pay up to the Amount of Coverage for the prepaid, unused, and non-refundable travel arrangements that are non-transferrable to another travel date; or
- We will cover the cost of the next occupancy charge up to the Amount of Coverage (only applicable if Your Travelling Companion must cancel their trip due to a covered cause applicable to them).

Trip Interruption Insurance (After Departure Date):
If one of the covered causes listed in section 7 occurs after You leave Home on Your Covered Trip, We will pay, subject to pre-approval by Our Administrator:
- Up to the Amount of Coverage for the non-refundable, unused portion of Your prepaid travel arrangements, excluding the cost of prepaid transportation back to Your Home.

Transportation:
- The extra cost of Your one-way economy class transportation, subject to pre-approval by Our Administrator:
  - to rejoin a tour or group;
  - to Your next destination as stated in Your trip itinerary; or
  - to Your Home.

Fly to bedside or funeral:
- If You are required to interrupt Your Covered Trip to attend a funeral, or travel to the bedside of a hospitalized Immediate Family Member, business partner, Key Employee or Caregiver, You have the option to purchase a ticket to the destination where the death or hospitalization has occurred. You will be reimbursed for the cost of the ticket, up to the maximum amount of what it would have cost for one-way economy class transportation via the most cost effective route back to Your Home.

Note: Only available for use once during Your Coverage Period as indicated on Your most recent Declaration of Coverage.

Exclusion: The Fly To Bedside or funeral benefit replaces the option to obtain a return ticket to Your Home. Additionally, the Meals And Accommodation benefit below does not apply under this fly to bedside or funeral benefit.
**Note:** It is a condition of any transportation benefit under this *Certificate* that travel must be undertaken on the earliest of:

- The date when *Your* travel is medically possible; or
- Within 10 days following *Your* originally scheduled *Return Date* if *Your* delay is not the result of hospitalization.

**Meals and Accommodation:**
- Up to $350 per day to a maximum of $700 per *Insured Person*, per *Covered Trip*, for *Your*:
  - Commercial accommodations and meals;
  - Essential telephone calls and internet usage fees;
  - Taxi fares (or rental car in lieu of taxi fares).

**In the Event of a Delay of Connecting *Common Carrier***:
- Up to $350 per day to a maximum of $700 per *Insured Person*, per *Covered Trip*, for *Your*:
  - Overnight commercial accommodations (if delayed for 6 hours or more and the delay occurs overnight);
  - Essential telephone calls and internet usage fees;
  - Taxi fares (or rental car in lieu of taxi fares).

**Exclusion:** This benefit can only be claimed if *no* other compensation was provided or offered by the delayed connecting *Common Carrier*.

**Note:** It is a condition of any Meals and Accommodation benefit under this *Certificate* that travel must be undertaken on the earliest of:

- The date when *Your* travel is medically possible; or
- Within 10 days following *Your* originally scheduled *Return Date* if *Your* delay is not the result of hospitalization.

**Return of Deceased:**
- In the event of *Your* death during the *Trip Interruption Coverage Period*, *We* will pay, subject to pre-approval by *Our Administrator*, up to a maximum of $10,000 towards:
  - The cost for preparation and transportation of *Your* remains from the place of death to *Your* Canadian city of residence.

OR;
- The burial or the cremation of *Your* remains where *Your* death occurred **and** one roundtrip economy class *Common Carrier* ticket if:
  - *An Immediate Family Member* is required to identify or obtain release of the deceased; and
  - *Our Administrator* approves this transportation in advance

**Exclusion:** The cost of a burial casket or urn is **not** covered.

**Terrorism Coverage**

Any benefits payable pursuant to our *Trip Cancellation & Trip Interruption Insurance* shall be subject to an overall maximum aggregate payable limit relating to all in-force travel policies issued by *Us*, including these *Group Policies*. If total claims otherwise payable for a type of coverage under all travel policies issued by *Us*, resulting from one or more *Acts of Terrorism*, exceed this maximum aggregate payable limit, then the amount paid on each claim shall be reduced on a prorated basis so that the total amount paid in respect of all such claims shall be equal to the maximum aggregate payable limit.

The benefits payable, as described directly above, are in excess of all other potential sources of recovery, including alternative or replacement travel options offered by airlines, tour operators, cruise lines and other travel suppliers and other insurance coverage (even where such other coverage is described as excess) and will only become available after all other sources are exhausted.
Coverage is only available for up to two (2) Acts of Terrorism within a calendar year and the maximum aggregate payable limit for each Acts of Terrorism is:

- Maximum aggregate for each Act of Terrorism:
  - $10,000,000 within an inclusive fourteen day period
- Maximum aggregate per calendar year
  - $20,000,000

If, in our judgment, the total of all payable claims under one or more Acts of Terrorism may exceed the applicable maximum aggregate payable limit, Your prorated claim may be paid after the end of the calendar year in which You qualify for benefits.

SECTION 8 – WHAT YOUR INSURANCE DOES NOT COVER – EXCLUSIONS AND LIMITATIONS

For all benefits described within this Certificate, there is no coverage included for expenses of any kind caused directly or indirectly as a result of any of the following:

<table>
<thead>
<tr>
<th>Reasonably Foreseeable Circumstances</th>
<th>Any anticipated event, occurrence, circumstance, or Medical Emergency Condition, which You had knowledge of, on or before Your Effective Date, and which You knew might cause the cancellation, interruption or delay of Your Covered Trip.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A Covered Trip the purpose of which is to visit or attend an ailing person, when the Medical Emergency Condition or death of that person is the cause of the claim.</td>
</tr>
<tr>
<td></td>
<td>The scheduled change of a medical test or surgery that was originally scheduled before Your Coverage Period.</td>
</tr>
<tr>
<td>Non-Payment of Premium</td>
<td>Pre-paid travel arrangements for which an insurance premium was not paid (i.e.: not forming part of the Amount of Coverage under this Certificate).</td>
</tr>
<tr>
<td>Intentionally Inflicted Injuries</td>
<td>Intentionally inflicted injuries, including suicide or attempted suicide, committed while the Insured Person is either sane or insane.</td>
</tr>
<tr>
<td>Crime</td>
<td>Participation in a criminal act, including driving while impaired or over the legal limit.</td>
</tr>
<tr>
<td>Mental Disorders</td>
<td>Any mental, nervous or emotional disorders, including any Medical Emergency Condition arising from these disorders.</td>
</tr>
<tr>
<td>Alcohol or Drug Abuse</td>
<td>Any loss, injury or death related to the misuse, abuse, overdose, or chemical dependence on medication, drugs, alcohol or other intoxicant.</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>Routine pre-natal care, or pregnancy or childbirth within nine weeks of expected delivery date including:</td>
</tr>
<tr>
<td></td>
<td>Any complication relating to pregnancy that occurs in the last nine weeks leading up to the expected delivery date, or after the expected delivery date.</td>
</tr>
<tr>
<td></td>
<td>Any child born during a Covered Trip.</td>
</tr>
<tr>
<td>Elective Treatment</td>
<td>Any non-emergency, experimental or elective treatment, including cosmetic surgery, chronic care or rehabilitation, and/or if the purpose of Your Covered Trip was to obtain such treatment whether or not it was authorized by a Physician.</td>
</tr>
<tr>
<td></td>
<td>Any Treatment, which medical evidence indicates that an Insured Person could have returned to his or her province or territory of residence to receive.</td>
</tr>
<tr>
<td>Travel Documents and Border Issues</td>
<td>The non-issuance of a travel visa due to late visa application.</td>
</tr>
<tr>
<td></td>
<td>Your refused entry at customs, border crossing, or security checkpoint for any reason.</td>
</tr>
<tr>
<td>Hazardous Activities</td>
<td>Participation in:</td>
</tr>
<tr>
<td></td>
<td>Rock climbing or Mountaineering;</td>
</tr>
<tr>
<td></td>
<td>Any sports as a professional athlete (where the sport is Your main paid occupation);</td>
</tr>
<tr>
<td></td>
<td>Any competitive and motorized: sporting events, racing, or speed events;</td>
</tr>
<tr>
<td></td>
<td>Performing as a pilot or crew member of any aircraft.</td>
</tr>
<tr>
<td>Radiation and Nuclear Contamination</td>
<td>Ionising radiation or radioactive contamination from any nuclear fuel or waste which results from the burning of nuclear fuels; or, the radioactive, toxic, explosive or other dangerous properties of nuclear machinery or any part of it.</td>
</tr>
</tbody>
</table>
| **War or Terrorism** | War (whether war be declared or not), hostilities, invasion or civil war.  
| | Any loss as the sole result of the utilization of nuclear, chemical or biological weapons of mass destruction howsoever these may be distributed or combined.  
| | Any loss resulting from an act of war or an Act of Terrorism when, before Your Effective Date, a written formal travel warning was issued by Department of Foreign Affairs, Trade and Development Canada (DFATD), advising Canadians to avoid all or non-essential travel to that country, region or city. |
| **Travel Advisories** | Any Medical Emergency Condition You suffer or contract in a specific country, region or city for which Department of Foreign Affairs, Trade and Development Canada (DFATD), has issued a formal travel warning, before Your Effective Date, advising Canadians to avoid all or non-essential travel to that specific country, region or city.  
| | **Note:** In this exclusion, “Medical Emergency Condition” is limited to the reason for which the formal Travel Warning was issued and includes complications arising from such Medical Emergency Condition. |
| **Misrepresentation** | Misrepresentation regarding any medical condition for which You or an Insured Person gave Us or Our Administrator false or inaccurate information about diagnosis, hospitalizations, Treatment, prescriptions or medications.  
| | This exclusion applies to You, Your Spouse, Your Dependent Children and Your Travelling Companion, their Spouse and Dependent Children, whether or not they are travelling with You. It also applies to Your parents and Your siblings and those of Your Travelling Companion, who live in the same home, whether or not they are travelling with You. |
| **Pre-Existing Condition** | We will not pay any expenses that relate to or result from a Pre-Existing Condition, if at any time during the applicable Pre-Existing Condition Period, that Pre-Existing Condition was not Stable. This exclusion applies to You and the following persons who may or may not be travelling with You:  
| | An Immediate Family Member;  
| | A Travelling Companion; or  
| | A Travelling Companion’s Immediate Family Member. |

### SECTION 9 – WHAT TO DO IF YOU NEED TO CANCEL OR INTERRUPT A TRIP

#### Trip Cancellation

After the Insured Person has cancelled his or her travel arrangements with the travel supplier, the Insured Person will need to follow the instructions under Section 10.

It is important to call Our Administrator immediately or within 24 hours at the emergency assistance number found in Section 11.

The amount payable under Trip Cancellation Insurance coverage is limited to the cancellation penalties in effect on the date the covered cause for cancellation occurs, so it’s important to cancel the Insured Person’s plans immediately but no later than within 24 hours of cancellation with Your travel agent or travel supplier.

#### Trip Interruption

The Insured Person must call Our Administrator immediately at the 24 Hour Emergency Assistance number found in Section 11. Some expenses are only covered if they’re approved in advance by Our Administrator. All transportation expenses must be pre-approved.

Only the expenses that are non-refundable on the day the covered cause for interruption occurs are eligible for reimbursement, so contact Our Administrator immediately but no later than within 24 hours to discuss alternate travel arrangements.
SECTION 10 – HOW TO MAKE A CLAIM

Once the Insured Person has cancelled his or her trip with the travel supplier, call Our Administrator, toll-free at 1-800-359-6704 (from Canada or the U.S.) or 416-977-5040, collect (from other countries).

Our Administrator will provide You with a claim form that You must complete and submit with documentation to support the claim, including the following where applicable:

- A medical document, fully completed by the legally qualified Physician in active personal attendance and in the locality where the Medical Emergency Condition occurred, stating the reason why travel was not recommended, the diagnosis and all dates of Treatment.
- Written evidence of the covered cause of cancellation, interruption or delay.
- Travel supplier or tour operator terms and conditions detailing any cancellation penalties or reimbursement for unused travel arrangements.
- Complete original unused transportation tickets and vouchers.
- Reports from the police or local authorities documenting the cause of the missed connection.
- All receipts for the prepaid land arrangements or itinerary prior to departure.
- All receipts for subsistence allowance expenses as approved by Our Administrator.
- Original passenger receipts for new tickets.
- Detailed invoices and/or receipts from the service provider(s).
- Any receipts for or proof of refund already obtained from travel suppliers or tour operators.
- The Insured Person will also be required to provide evidence of his or her actual or planned Departure Date from his or her province or territory of residence.
- Where the claim relates to a Medical Emergency Condition, a signed “Release of Medical Information” authorization to allow Us to obtain any further information required to complete the claim review.

Note: Failure to complete the required claim and authorization form in full will delay the assessment of Your claim and may result in the invalidation of Your claim.

SECTION 11 – HOW TO CONTACT OUR ADMINISTRATOR

24 Hour Emergency Assistance Number
To enquire about these benefits, or to make arrangements with respect to Trip Cancellation and Trip Interruption Insurance, the Insured Person can call Our Administrator twenty-four hours a day, seven days a week at:
From the U.S.A. or Canada 1-866-374-1129
From elsewhere, call collect (416) 977-4425

Customer Service
To get a claim form, cancel Your insurance or for general inquiries, call Our Administrator from 8 a.m. to 9 p.m. ET, Monday to Saturday at:
From the U.S.A. or Canada 1-800-293-4941
From elsewhere, call collect (416) 977-2039

SECTION 12 – GENERAL CONDITIONS

Unless otherwise expressly provided in this Certificate or in the Group Policies, the following general provisions apply to the benefits described in this Certificate:

Validity of the Contract
The insurance will be valid only when purchased and paid for in full before the Effective Date of the contract. The insurance must be purchased before the Departure Date and for the full duration of the Covered Trip, including the Departure Date and Return Date. When You have paid the appropriate premium and met the eligibility requirements, this Certificate along with Your application forms part of Your insurance contract and becomes a binding contract provided that You are issued a Declaration of Coverage upon which a contract Certificate Number appears.
Proof of Loss and Timely Reporting
If You are making a claim, You must send Our Administrator the appropriate claim forms, together with written proof of loss (e.g.: original invoices and tickets, medical and/or death Certificates as described in Section 10) as soon as possible. In every case, You must report Your claim within one (1) year from the date of the accident or the date the claim arises. Failure to provide the applicable documentation may invalidate Your claim.

Review and Medical Examination
When a claim is being processed, we will have the right and the opportunity, at our own expense, to review all medical records related to the claim and to examine the Insured Person medically when and as often as may be reasonably required.

Benefit Payments
This Certificate contains provisions removing or restricting the right of the Insured Person to designate to whom or for whose benefit insurance money is payable. We will only pay the expenses covered under this Certificate to the Insured Person or to the provider of the service(s), as determined by Us. This means that under the Group Policy, neither You nor any Insured Person has the right to choose a beneficiary who will receive any benefits payable under this Certificate. Benefits are payable to You or, on Your behalf, to Your service provider.

Subrogation
There may be circumstances where another person or entity should have paid You for a loss but instead we paid You for the loss. If this occurs, You agree to co-operate with Us so We may demand payment from the person or entity who should have paid You for the loss. This may include:
- Transferring to Us the debt or obligation owing to You from the other person or entity;
- Permitting Us to bring a lawsuit in Your name.
If You receive funds from the other person or entity:
- You will hold it in trust for Us;
- Acting so as not to prejudice any of Our rights to collect payment from the other person or entity.
We will pay the costs for the actions We take.

Recovery
In the event that You are found to be ineligible for coverage, or that a claim is found to be invalid, or benefits are reduced in accordance with any policy exclusion or term or condition, We have the right to collect from You any amount which We have paid on Your behalf to service providers or other parties.

Other Insurance
If You or an Insured Person have other insurance in addition to this Certificate with Us, the total benefits payable under all Your insurance, including this Certificate, cannot be more than the actual expenses for a claim and the maximum You are entitled to is the largest amount specified for the benefit in any one policy.

If You or an Insured Person have other insurance in force for the same Coverage Period, in addition to this Certificate, with another insurer, the total benefits payable under all Your insurance, including this Certificate, cannot be more than the actual expenses for a claim. We will coordinate payment of benefits with the other insurer to a maximum of the largest amount specified for the benefit by each insurer.

The plans outlined in this policy are second payor coverages and all other sources of coverage or recovery must be exhausted before any payments will be made under this Certificate.

Legal Action Limitation Period
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 or other applicable legislation. All actions or proceedings against us must be brought in the province or territory in which You were a resident at the Effective Date of this Certificate and will be governed by the laws of that province or territory, without reference to its conflicts of law rules.

Misrepresentation
This Certificate is voidable by Us in the case of fraud or attempted fraud, or if You conceal or misrepresent any material fact in Your application for this Certificate or in Your application or for any Extension Period of this Certificate. In such case, You will not be entitled to the benefits of this coverage, nor to the payment of any claim under the Certificate.
Currency
All amounts shown are in Canadian currency. If currency conversion is necessary, We will use the exchange rate on the date the last service was rendered to You. This insurance will not pay for any interest.

Access to Medical Care
TD Life, TD Home & Auto, the Policyholder, Our Administrator and their affiliates are not responsible for the availability, quality or results of any medical Treatment or transport, or for the failure of any Insured Person to obtain medical Treatment.

Group Policies
All benefits under this Certificate are subject in every respect to the Group Policy, which alone constitutes the agreement under which benefits will be provided. The principal provisions of the Group Policy affecting Insured Persons are summarized in this Certificate. The Group Policy is on file at the office of the Policyholder and upon request, You may receive and review a copy of the Group Policy.

Relationship between Us and the Policyholder
TD Life and TD Home & Auto are affiliated with The Toronto-Dominion Bank.

This is the end of Your Certificate of Insurance.
TD 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;
- details about Your browsing activities, Your browser or mobile device;
- 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 or lending 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;
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.

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 this Information from You or any health care professional, medically related facility, insurance company, government agency, organizations that 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 that 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, modelling and surveys to assess Your satisfaction 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. 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 **1-800-293-4941**. Please read our Privacy Code for further details about Your opt-out choices.
At TD Insurance, we are committed to providing you with the best customer experience we can. If you have a concern about TD Insurance or the service you have received, we want to work with you to resolve it as efficiently as possible. If a problem cannot be resolved immediately, the following steps are taken to ensure it is fixed as quickly as possible.

**Step 1:** Contact a TD Insurance Customer Service Representative  
120 Adelaide Street West, 2nd Floor  
Toronto, Ontario M5H 1T1  
Phone: 1-888-788-0839  
Email: TD.InsuranceLifeAndHealth@td.com

**Step 2:** Problem is referred to TD Insurance Customer Care  
If you are not satisfied with the solution offered in Step 1, the problem will be referred to the TD Insurance Customer Care Department for handling.  
TD Insurance Customer Care Department  
120 Adelaide St W.  
P.O. Box 1  
Toronto, Ontario M5H 1T1  
Phone: 1-877-734-1288  
Email: tdinscc@td.com

**Step 3:** Contact the TD Insurance Ombudsman  
If your problem or concern remains unresolved after you have followed Steps 1 and 2, you may contact the TD Insurance Ombudsman.  
TD Insurance Ombudsman  
3650 Victoria Park Ave, 9th Floor  
Toronto, Ontario M2P 3P7  
Email: ombudsman@tdinsurance.com  
Please be sure to include your full name, address, telephone number, certificate and/or claim number in all inquiries.

**Step 4:** Contact OmbudService  
If your problem or concern remains unsatisfied after you have received the Ombudsman’s final position letter, you may contact the OmbudService for Life and Health Insurance (“OLHI”):  
401 Bay Street, Suite 1507  
P.O. Box 7  
Toronto, Ontario M5H 2Y4  
Phone: 1-888-295-8112 or 416-777-9002  
Fax: 416-777-9750  
Email: http://www.olhi.ca/question_form.html