



Protecting your personal information

At Canada Life, we're committed to protecting personal information and respecting your privacy. Personal information is information that either on its own or combined with other information allows an individual to be identified. This includes your name and address, as well as more sensitive information such as your health and financial records. When applicable, this includes information about other people such as your spouse, common-law partner, and children.

How we use your personal information

Your personal information is used to provide you with products and services and to improve our business operations. This includes verifying your identity, maintaining your profile, and informing you about features of the products you already have with us. It's also used to provide you with advice, evaluate your eligibility for products, price our products, collect feedback on our customer service, process claims and other financial transactions, protect you and us from risks such as cyber threats and fraud, and comply with legal obligations. If you provided your social insurance number (SIN), we'll use it for tax reporting. Your SIN is also used to link your products together and to keep your information separate from other customers with similar names.

Who we share personal information with

We share your personal information with other people and organizations who help us administer your products and provide you with services. This may include your advisor or people who work with your advisor, our Canadian subsidiaries, and other organizations that provide us services such as paramedical examiners, medical laboratories, MIB, LLC., specialty coverage providers, independent medical examiners, and pharmacy benefits managers. As well, we may share your information with claims assessors, travel assistance providers, technology suppliers, other insurance or reinsurance companies, other financial institutions, and credit reporting agencies. As part of our day-to-day business, your personal information may be communicated to government departments and agencies, and may be communicated outside your province of residence or outside Canada. We take protecting your personal information seriously and we'll never sell your personal information to anyone.

You're in control of your personal information

We respect your privacy preferences and follow them when using your personal information. At any point in your relationship with us, you can choose how your personal information is used by updating your privacy preferences through your [online account](#) or by submitting a request through our [privacy centre](#) at canadalife.com/privacy. This includes choosing whether you receive customer experience surveys, the use of your SIN for non-tax reporting purposes, and whether and how you want to receive information and offers from Canada Life using the personal information we collect from you throughout your relationship with us. You can also exercise other privacy rights through our privacy centre such as access to or correction of your personal information.

If you choose to remove your consent to the collection, use and disclosure of the personal information required to serve you and meet our legal obligations, we may not be able to continue to provide you with products and services.

Want to learn more? Please visit canadalife.com/privacy.

Please print clearly and complete this form in INK.

1. General enrolment information This section must be completed by the plan member. Please print clearly in INK.	Policy number: <u>177914</u> Plan member ID: _____ Plan sponsor: <u>CANADA LIFE INSURANCE COMPANY OF CANADA</u> Plan member name (print): _____ last name first name middle initial
2. Plan member information This section must be completed by the plan member.	Plan member mailing address: Street address: _____ City: _____ Province: _____ Postal code: _____
3. Smoking declaration This section is to be completed by the insured (plan member, or spouse)	Name of insured: _____ last name first name middle initial Date of birth: Month _____ Day _____ Year _____ i) Within the past 12 months have you smoked or used cigarettes, e-cigarettes, cigarillos, pipe, cigars, nicotine patch and/or gum, chewing tobacco, hookah, or tobacco or nicotine products in any other form? <input type="checkbox"/> Yes <input type="checkbox"/> No ii) In the past 2 years have you been treated for or had any indication of heart disease, stroke, cancer, or any respiratory disease or disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Authorizations and declarations This section must be signed and dated in INK by the plan member.	I have read and understand and agree with the contents of the section on this form entitled "Privacy declaration". I authorize: <ul style="list-style-type: none">Canada Life, any healthcare provider, my plan administrator, other insurance or reinsurance companies, administrators of government benefits or other benefits programs, other organizations, or service providers working with Canada Life or the above to exchange personal information, when relevant and necessary to determine my eligibility for coverage and to administer the plan. I agree that a photocopy or electronic copy of the Authorizations and Declarations section is as valid as the original. I certify that the information given is true, correct and complete to the best of my knowledge. For Quebec applicants: I request that this form be in English. Je demande que ce formulaire me soit remis en anglais. Plan member signature: _____ Date: _____

Please return the completed form and supporting documents to:

The Canada Life Assurance Company
Attn: Freedom to Choose benefits
330 University Avenue
Toronto ON M5G 1R8

OR

Email: freedom.insurance@canadalife.com
Fax: 416.552.3373**Email Communication – Important Note: The internet is not a secure medium. If you have concerns about using email, you are encouraged to contact us by other means.**