

1. RETIREE INFORMATION

Applicant _____
First Name Initial Last Name

2. PRODUCER DECLARATION

Please indicate Commission Payee: Advisor Corporation Co-operators Financial Advisor*

* In the province of Quebec, the authorized representatives are Financial security advisors who have been duly certified by the Autorité des marchés financiers.

Advisor Number _____ Payee Name _____
First Name Initial Last Name

Payee Address _____
Street City Province Postal Code

Phone Number (_____) _____ Fax Number (_____) _____ Email _____

SIN Number* _____ Principal Name** _____
*Required only if Advisor **Required only if Corporation

This section to be completed by individual advisors and corporations.

(Not applicable to Co-operators Advisor)

Commissions are payable upon receipt and verification of the named active payee's license after premiums have been applied. A renewed license must be submitted to The Co-operators upon expiry:

- Payee License Attached
- Payee License Already Submitted

- Error and Omissions Attached
- Error and Omissions Already Submitted

Commissions are payable by direct deposit. A copy of the payee's cheque marked "VOID" must be attached to this sales submission. The banking information must be for the above named payee and licensee. If no cheque is included, please have the following Verification by Branch section below completed by the payee's financial institution.

VERIFICATION BY BRANCH

Branch Number (5 Digits) _____ Bank Number (3 Digits) _____

Account Number _____ Account Name _____

Signature of Branch _____ Job Title _____

Phone Number (_____) _____

3. PRIVACY & AUTHORIZATION

Co-operators Life Insurance Company Privacy Statement

At The Co-operators, we recognize and respect the importance of privacy. When you apply for insurance or open an account with us, we will ask for your consent to collect, use, keep and share your personal information. We will explain what information we need, what we will use it for and who we will share it with. We will open a confidential file to collect, use, keep and share your personal information for the purposes of confirming your identity, reviewing your insurance needs and determining suitability of our products and services for you, assessing your application for insurance, issuing and administering your policy, including assessing and processing claims, administering your investments, meeting our contractual and regulatory obligations, detecting and preventing fraud, and performing business and statistical analysis. We will not share your personal information for other purposes, except with your consent or as required or permitted by law.

We may tell you about products and services that may be of interest to you. You can tell us what information you want to receive from us and you can withdraw your consent at any time. You may access and correct, if needed, the personal information in your file by sending us a request in writing.

We limit access to your personal information to our staff and other people we have authorized who need to use it to perform their duties. This may include our third-party service providers who may use your personal information for processing, storage, analysis and disaster recovery purposes outside of Canada. They could be required by law to give your personal information to courts, governments or regulators outside of Canada. To protect your personal information, we ensure that privacy and security requirements are included in all third-party service provider contracts.

You can find more details about The Co-operators privacy policy at www.cooperators.ca. If you have any questions regarding our privacy policies or about how we collect, use, keep and share your personal information, please contact our Privacy Officer at The Co-operators at 1-888-887-7773, or by e-mail: privacy@cooperators.ca

I hereby authorize Co-operators Life Insurance Company to deposit commission payments directly to my account and to exchange my relevant financial information with my financial institution for such purpose. This authorization shall remain valid until revoked by me in writing. Any changes to the issued banking information must be made with three weeks notice to avoid any payment delays. Any copy of this authorization shall be as valid as the original.

Producer Signature _____ Date _____
MMM/DD/YYYY