Product Summary
TD Insurance Travel Medical Insurance – Per Trip Plan Coverage

Note: Defined terms are italicized and capitalized and found in the “Definitions” section in Your Certificate of Insurance (“Certificate”).

This Product Summary is meant to provide an overview of the features and benefits of this insurance. The terms and conditions of this insurance are contained in Your Certificate and in the group insurance policies, which govern.

What is included in this coverage?
The Per Trip Plan (“Plan”) is an optional group Travel insurance coverage that may pay a benefit if an Insured Person suffers an eligible Medical Emergency during a Covered Trip.

What are the benefits?
Travel Medical Emergency coverage provides benefits to travellers in emergency medical situations outside of their home province/country that include:

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Maximum Benefit Payable (per Insured Person per Covered Trip)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Emergency Coverage and other benefits including:</td>
<td>Up to $5,000,000</td>
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<tr>
<td>Hospital benefit</td>
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<tr>
<td>Physician’s bills</td>
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<tr>
<td>Diagnostic services</td>
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<tr>
<td>Ambulance</td>
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<tr>
<td>Medical appliances</td>
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<tr>
<td>Emergency return home</td>
<td></td>
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<tr>
<td>Private duty nursing</td>
<td>Up to $5,000</td>
</tr>
<tr>
<td>Professional fees (Physiotherapist, Chiropractor, etc.)</td>
<td>Up to $300 per profession</td>
</tr>
<tr>
<td>Accidental dental</td>
<td>Up to $2,000</td>
</tr>
<tr>
<td>Bedside Companion benefit</td>
<td>Round trip economy air fare and up to $1,500 for meals and accommodation for a Bedside Companion.</td>
</tr>
<tr>
<td>Travelling Companion benefit</td>
<td>One-way economy air fare</td>
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<tr>
<td>Meals and accommodation</td>
<td>Up to $3,500</td>
</tr>
<tr>
<td>Incidental Hospital expenses</td>
<td>Up to $500</td>
</tr>
<tr>
<td>Return and escort of Dependent Children</td>
<td>One-way economy air fare and escort if required by airline</td>
</tr>
<tr>
<td>Pet return</td>
<td>Up to $500</td>
</tr>
<tr>
<td>Vehicle return</td>
<td>Up to $2,000</td>
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<tr>
<td>Return of deceased</td>
<td>Up to $10,000</td>
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</table>

Note: There are three options available for each coverage listed above: Single, Couple and Family Coverage. Additionally, You can change or apply to top-up existing coverage by contacting our Administrator by telephone, if each Insured Person qualifies for coverage. For complete details, please see the “Limitations and Exclusions That Apply to All Benefits” and “General Conditions” sections in Your Certificate.

Who can enroll in the Plan?
You may apply for coverage if You:
- are at least 18 years old on the Effective Date of Your Plan;
- are a Resident of Canada; and
- are covered under a GHIP or a valid health care plan in Canada for members of the Canadian Armed Forces and their Immediate Family Members; and
- are a TD Bank Group customer, or the Spouse or Dependent Child of a TD Bank Group customer; and
- are in Canada when You buy the coverage; and
- have answered medical questions to determine whether You are eligible for this coverage (when required as part of the Application process); and
- are purchasing this coverage within 240 days before Your Effective Date.

What is the cost of this Plan?
Premiums will be based on:
- the age of the oldest person to be insured under Your Certificate as of the Effective Date of Your Certificate;
Our pricing that is in effect at the time of Your Application; the duration of Your Covered Trip; and Your coverage type (Single, Couple or Family).

If You are required to complete the medical questionnaire as part of Your Application, Your premiums will be based on the above and Your answers to the questions. The minimum premium for a top-up of coverage to the Plan is $15.

Note: Premium rates can be changed without notice.

For example, where there's no medical questionnaire required, an 8-day trip for a single person aged 27 would cost $39. Please see chart below for examples of pricing for Per Trip plan coverage options:

<table>
<thead>
<tr>
<th>Duration of Covered Trip</th>
<th>Single Per Trip Plan Cost</th>
<th>Couple Per Trip Plan Cost</th>
<th>Family Per Trip Plan Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 days</td>
<td>$39.00</td>
<td>$70.00</td>
<td>$78.00</td>
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</table>

The example premiums shown are for illustration only and based on pricing effective as of December 2019, which is subject to change.

What are the limitations and exclusions?
This insurance contains limitations and exclusions (e.g. Medical Conditions that are not Stable, pregnancy, child born on trip, excessive use of alcohol, high risk activities, etc.). This insurance may not cover claims related to Pre-Existing Medical Conditions (e.g. heart conditions, high blood pressure, arthritis, etc.) whether disclosed or not at time of purchase. For complete details, please see the "Limitations and Exclusions That Apply to All Benefits" and "General Conditions" sections in Your Certificate.

Misrepresentation
You must be accurate and complete in Your dealings with Us at all times. We will not pay a claim if You, any person insured under Your Certificate or anyone acting on Your behalf makes a misrepresentation, attempts to deceive or mislead Us, or makes a fraudulent, false or exaggerated statement or claim.

Who is the insurer, distributor and administrator?
Travel Medical Insurance is underwritten by TD Life Insurance Company under the Group Policy TI002 issued to The Toronto-Dominion Bank (the “Policyholder” or “TD Canada Trust”). Allianz Global Assistance provides administrative and adjudication services under the Group Policy. They are registered with the Autorité des marchés financiers under numbers 1146049482 and 1165299554. The Autorité can be contacted at www.lautorite.qc.ca.

<table>
<thead>
<tr>
<th>TD Life Insurance Company (Insurer)</th>
<th>The Toronto-Dominion Bank (Distributor)</th>
<th>Allianz Global Assistance (Administrator)</th>
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</thead>
<tbody>
<tr>
<td>P.O. Box 1 TD Centre</td>
<td>P.O. Box 1 TD Centre</td>
<td>P.O. Box 277</td>
</tr>
<tr>
<td>Toronto, Ontario M5K 1A2</td>
<td>Toronto, Ontario M5K 1A2</td>
<td>Waterloo, Ontario N2J 4A4</td>
</tr>
<tr>
<td>Phone: 1-888-788-0839</td>
<td>Phone: 1-800-293-4941</td>
<td>Phone: 1-800-293-4941</td>
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</tbody>
</table>

When does this Plan end?
The Plan will terminate on the earliest of:
- the scheduled return date shown in Your Application or, Your most recent Declaration of Coverage; or
- the date the last Insured Person returns to his or her province or territory of residence from the Covered Trip; or
- the date the last Insured Person is no longer eligible for coverage; or
- the date the last Insured Person’s insurance is cancelled because of a change in Medical Condition before departing on the Covered Trip; or
- the date Your request to cancel Your Certificate is effective.

Can I cancel the insurance coverage?
You can cancel by calling Our Administrator at 1-800-293-4941, by written and mailed request, or by sending the attached completed Notice of Rescission form to the Administrator at the address above, except if the insurance ends within less than 10 days. For complete details, please see the "Insurance Premium" section in Your Certificate.
<table>
<thead>
<tr>
<th>When Can You Cancel?</th>
<th>Premium Refund/Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before the Effective Date on Your Application or Declaration of Coverage</td>
<td>Full refund</td>
</tr>
<tr>
<td>After the Effective Date on Your Application or Declaration of Coverage and no claim has been opened</td>
<td>Pro-rated refund less a $15 administrative fee.</td>
</tr>
</tbody>
</table>

**How can I submit a claim?**

*You must report Your claim and provide completed claim form with required supporting documentation to Our Administrator as soon as possible, but no later than one (1) year after the date it occurred.*

Once *We* have approved the claim, *We* will notify *You* and payment will be made within 60 days after receipt of the required claim forms and proof of loss. If *Your* claim is refused, *You* can appeal the decision by submitting new information to *Our Administrator*. For complete details, please see the "How to Submit a Claim" section in *Your Certificate*.

**What if I have a complaint?**

Please visit our Customer Service & Problem Resolution page online at: https://www.tdinsurance.com/customer-service/problem-resolution.

For more details about Travel Medical Insurance and to view a copy of the Certificate of Insurance, please visit: https://www.tdinsurance.com/system/assets/pdf/tdi-tdtravel-trip.pdf
The purpose of this fact sheet is to inform you of your rights. It does not relieve the insurer or the distributor of their obligations to you.

LET’S TALK INSURANCE!

Name of distributor: The Toronto-Dominion Bank

Name of insurer: TD Life Insurance Company

Name of insurance product: TD Insurance Travel Medical Insurance – Per Trip Plan

IT’S YOUR CHOICE

You are never required to purchase insurance:

- that is offered by your distributor;
- from a person who is assigned to you; or
- to obtain a better interest rate or any other benefit.

Even if you are required to be insured, you do not have to purchase the insurance that is being offered. You can choose your insurance product and your insurer.

HOW TO CHOOSE

To choose the insurance product that’s right for you, we recommend that you read the summary that describes the insurance product and that must be provided to you.

DISTRIBUTOR REMUNERATION

A portion of the amount you pay for the insurance will be paid to the distributor as remuneration. The distributor must tell you when the remuneration exceeds 30% of that amount.

RIGHT TO CANCEL

The Act allows you to rescind an insurance contract, at no cost, within 10 days after the purchase of your insurance. However, the insurer may grant you a longer period of time. After that time, fees may apply if you cancel the insurance. Ask your distributor about the period of time granted to cancel it at no cost.

If the cost of the insurance is added to the financing amount and you cancel the insurance, your monthly financing payments might not change. Instead, the refund could be used to shorten the financing period. Ask your distributor for details.

The Autorité des marchés financiers can provide you with unbiased, objective information.
Visit www.lautorite.qc.ca or call the AMF at 1-877-525-0337.

Reserved for use by the insurer: TD Life Insurance Company
This fact sheet cannot be modified
NOTICE GIVEN BY A DISTRIBUTOR

Section 440 of the Act respecting the distribution of financial products and services (chapter D-9.2).

THE ACT RESPECTING THE DISTRIBUTION OF FINANCIAL PRODUCTS AND SERVICES GIVES YOU IMPORTANT RIGHTS.

The Act allows you to rescind an insurance contract, without penalty, within 10 days of the date on which it is signed. However, the insurer may grant you a longer period.

To rescind the contract, you must give the insurer notice, within that time, by registered mail or any other means that allows you to obtain an acknowledgement of receipt.

Despite the rescission of the insurance contract, the first contract entered into will remain in force. Caution, it is possible that you may lose advantageous conditions as a result of this insurance contract; contact your distributor or consult your contract.

After the expiry of the applicable time, you may rescind the insurance contract at any time; however, penalties may apply.

For further information, contact the Autorité des marchés financiers at 1-877-525-0337 or visit www.lautorite.qc.ca.

TO: TD Life Insurance Company

(Please fill in the name of the insurer)

P.O. Box 1 TD Centre Toronto, Ontario

M5K 1A2

(Address of Insurer)

Date: ________________________________

(Date of sending of notice)

Pursuant to section 441 of the Act respecting the distribution of financial products and services, I hereby rescind the insurance certificate no.: ________________ (Number of contract, if indicated) issued under group master policy no.:TI002.

Entered into on: ________________________________ In: ________________________________

(Date of signature of contract) (Place of signature of contract)

__________________________________________

(Name of client) (Signature of client)