HUNTER McCORQUODALE   the co-operators® A Better Place For You®   Acceptional Life™
FOREIGN TRAVEL QUESTIONNAIRE

Acceptional Life™ is insured and underwritten by Co-operators Life Insurance Company and is distributed by Hunter McCorquodale and its contracted sales advisors.

PROPOSED LIFE INSURED

Name _____ _____ _____
First Name   Initial   Last Name

Date of Birth _____ ☐ Male ☐ Female
MMM/DD/YYYY

QUESTIONNAIRE

1. Please provide details of previous and future travel outside Canada or the USA, including holidays and any business trips.

   a. Travel outside Canada or the USA within last 2 years:

Date of Travel (MMM/YYYY)	Country	City/Region	Purpose of Travel	Duration of Stay	Accommodation

   b. Planned (future) travel outside Canada or the USA in the next 12 months:

Date of Travel (MMM/YYYY)	Country	City/Region	Purpose of Travel	Duration of Stay	Accommodation

2. Type of transportation to be used to/from your destination _____
   _____

3. Type of transportation to be used during your stay _____
   _____

4. Do you plan to travel outside major urban centres? ☐ Yes ☐ No

   If yes, please provide details _____
   _____

5. Will you be working outside Canada or the USA? ☐ Yes ☐ No

   If yes, please provide a full description of the duties you will be performing _____
   _____

PRIVACY AND AUTHORIZATION

Co-operators Life Insurance Company Privacy Statement
The Co-operators is committed to protecting the privacy, confidentiality, accuracy and security of the personal information that it collects, uses, retains and discloses in the course of conducting business.

At The Co-operators, we recognize and respect the importance of privacy. When you enrol for insurance coverage or submit a claim, we establish a confidential file and collect, use and disclose your personal information for the purposes of issuing, administering, adjudicating and/or servicing your insurance. 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 persons we have authorized who have a need to know it to perform their duties. Our systems and procedures are designed to prevent the loss, misuse, unauthorized access, disclosure, alteration, or destruction of your information. Our commitment to security extends to the contracts and agreements we sign with external suppliers and service providers. We may store or process your personal information in Canada, the United States or other countries for processing, storage, analysis or disaster recovery and, under applicable law, governments, courts, law enforcement or regulatory agencies, may, by lawful order, obtain disclosure of your personal information. 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 the collection, use and disclosure of your personal information, please contact our Privacy Officer at The Co-operators at Priory Square, Guelph, ON, N1H 6P8, Tel: 1-888-887-7773, E-mail: privacy@cooperators.ca (please include The Co-operators company you deal with in your inquiry).

If you do not agree with our use and disclosure of your information in connection with your application and servicing any policy that we issue, we will not be able to offer you the insurance product you are interested in, service your insurance or adjudicate your claim.

I declare and certify that the above information is true and complete and shall form part of my Application. I understand the personal information provided on this form will be used by Co-operators Life Insurance Company for underwriting purposes, and for any other lawful purpose in accordance with applicable federal and provincial laws. I also understand that Co-operators Life Insurance Company is relying on the information I have provided and if I have misrepresented any information, that Co-operators Life Insurance Company will be entitled to void my policy(ies).

Applicant Signature _____ Date _____
MMM/DD/YYYY