

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

REVOCABLE BENEFICIARY DESIGNATION

BENEFICIARY AND TRUSTEE DESIGNATION

Policy Number(s) _____ Policy Owner(s) _____

Life Insured _____

I (We), the policy owner(s) identified in the Policy/Application Number(s) above hereby revoke all previous beneficiary designations (if any) under the Policy and designate the following Beneficiary(ies) of the benefits under the Policy, in equal shares, unless other percentages are provided below. For policies issued in Quebec, any designation of a spouse as a beneficiary is irrevocable, unless a contrary notice of revocation is given. (Check the box below if the designation is revocable.)

I hereby declare and stipulate that the designation of the beneficiary in this form is revocable.

PRIMARY BENEFICIARY(IES)

I hereby designate equal shares of the benefits to all primary beneficiaries.

OR complete Share percent for each beneficiary

- | | | | |
|--|--------------------|---|-------------|
| 1. Beneficiary _____
Relationship to Life Insured _____ | First Initial Last | Beneficiary Date of Birth _____
Share* _____ % | MMM/DD/YYYY |
| 2. Beneficiary _____
Relationship to Life Insured _____ | First Initial Last | Beneficiary Date of Birth _____
Share* _____ % | MMM/DD/YYYY |
| 3. Beneficiary _____
Relationship to Life Insured _____ | First Initial Last | Beneficiary Date of Birth _____
Share* _____ % | MMM/DD/YYYY |
| 4. Beneficiary _____
Relationship to Life Insured _____ | First Initial Last | Beneficiary Date of Birth _____
Share* _____ % | MMM/DD/YYYY |

***The total % Share must equal 100% in the Primary section and equal 100% in the Contingent section.
Do not complete this section if you have chosen to distribute benefits equally amongst all beneficiaries.**

CONTINGENT BENEFICIARY(IES)

I hereby designate equal shares of the benefits to all contingent beneficiaries.

OR complete Share percent for each beneficiary

- | | | | |
|--|--------------------|---|-------------|
| 1. Beneficiary _____
Relationship to Life Insured _____ | First Initial Last | Beneficiary Date of Birth _____
Share* _____ % | MMM/DD/YYYY |
| 2. Beneficiary _____
Relationship to Life Insured _____ | First Initial Last | Beneficiary Date of Birth _____
Share* _____ % | MMM/DD/YYYY |
| 3. Beneficiary _____
Relationship to Life Insured _____ | First Initial Last | Beneficiary Date of Birth _____
Share* _____ % | MMM/DD/YYYY |
| 4. Beneficiary _____
Relationship to Life Insured _____ | First Initial Last | Beneficiary Date of Birth _____
Share* _____ % | MMM/DD/YYYY |

***The total % Share must equal 100% in the Primary section and equal 100% in the Contingent section.
Do not complete this section if you have chosen to distribute benefits equally amongst all beneficiaries.**

BENEFICIARY AND TRUSTEE DESIGNATION (CONTINUED)

Trustee(s): I (We) appoint the trustee(s) named below to receive any benefits payable to any beneficiary(ies) who is/are a minor on the date such payment falls due. If the beneficiary is not to receive the funds upon attaining age 18 (age 19 in Northwest Territories), indicate the age at which they are to receive the funds in the space provided below.

For Quebec residents, the Civil Code provisions apply. Please do not complete this section.

TRUSTEE(S)

1. Trustee _____ In Trust to Age _____
First Initial Last
Relationship to Life Insured _____
2. Trustee _____ In Trust to Age _____
First Initial Last
Relationship to Life Insured _____
3. Trustee _____ In Trust to Age _____
First Initial Last
Relationship to Life Insured _____

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

COMPLETION OF FORM

The Policy Owner(s) (s) may designate primary and contingent beneficiary(ies) – but it is not necessary to designate both types. Print the full name of the life insured and the beneficiary, relationship of the beneficiary to the life insured (to owner, in Quebec), beneficiary's birthdate if under age 18 (age 19 in Northwest Territories), % share (if other than equal shares and which must total 100%) and Plan Type (use only if beneficiary varies by coverage, ie. Whole Life, Accidental Death Benefit, 10 Year Term Rider). If any beneficiary is under age 18 (age 19 in Northwest Territories) at the time of designation, it is recommended that a trustee be named.

SIGNATURES

1. Policy Owner(s) (s) – Only the Policy Owner(s) has the right to name a beneficiary. Beneficiary designations must be signed and dated by all owner(s) of the policy or by authorized signing officer(s) if company-owned. In cases where there are multiple owners, all owners must consent to any beneficiary change. The person(s) signing this form must initial any corrections to this form.
2. Preferred Beneficiary(ies) – If there is a Preferred Beneficiary named on the Policy and the designation pre-dates July, 1962, the current Preferred Beneficiary's signature is required if the beneficiary is being changed to someone outside of the Preferred class (husband, wife, children, adopted children, adoptive parents, grandchildren or parents).
3. Irrevocable Beneficiary(ies) – If there is currently an Irrevocable Beneficiary, that beneficiary must consent to any change to beneficiary by signing this form.

Trustee(s): Policy proceeds cannot be paid to a minor or to a person incompetent to receive the proceeds. In this situation, a trustee should be named to act during the beneficiary's minority or incompetency and the creation of a trust agreement should be considered. If no trustee is named for minor children, the funds are paid to the Public Trustee (or equivalent government official) until the children reach the age of majority. The Insurance Acts of each province and territory allow payment to a beneficiary who has attained the age of 18 and is capable of giving a valid discharge (exception - Northwest Territories - age 19).

In Quebec, the Civil code provisions apply. It is not necessary to designate a trustee. The benefits will be paid directly to the child's tutor, without the requirement for a designation of a trustee.

COMPLETION OF FORM (CONTINUED)

PAYMENT TO BENEFICIARY(IES)

Unless the Policy Owner(s) (s) specifies otherwise, the Company will pay the death benefit as follows:

1. to any primary beneficiary(ies); or if any primary beneficiary predeceases the life insured, that beneficiary's share will be paid to any surviving primary beneficiaries; and
2. if no primary beneficiaries survive the life insured, to any contingent beneficiaries; and
3. in the event no beneficiaries survive the life insured:
 - a. to the Policy Owner(s) (if living); otherwise
 - b. to the Policy Owner(s) estate.

ADDITIONAL INFORMATION

Estate Beneficiary(ies): If the Policy Owner(s) and the life insured are the same person, "Estate" as the beneficiary designation will suffice. If the Policy Owner(s) and life insured differ and the estate of the life insured is intended, the beneficiary designation should stipulate this, Example - Estate of John Doe. "Estate" only is presumed to refer to the "Estate of the Owner" (as the Policy Owner(s) is the only person with the right to name a beneficiary). If the primary beneficiary is the "Estate", a contingent beneficiary is unnecessary as the estate will never disappear so the contingent beneficiary will never come into effect.

Common Disaster: The purpose of this type of beneficiary designation is, in the event of a common disaster, to prevent insurance monies which are payable immediately upon the death of the life insured from becoming part of the estate of the other person involved in the common disaster. Example - John Doe, husband, so long as he survives me for 30 days; in the event that my husband predeceases me or dies within 30 days of my death, then the proceeds are payable to Jill Doe, daughter.

Per Stirpes: The purpose of this type of designation is to enable the descendants of a beneficiary to receive his or her portion of the benefit if the beneficiary predeceases the life insured. If a beneficiary "per stirpes" predeceases the life insured and leaves descendants, their share is divided equally among their descendants, but if a beneficiary "per stirpes" predeceases the life insured and leaves no descendants, their share is divided equally among the remaining beneficiaries. For example – "Richard Doe, son and Jennifer Doe, daughter, in equal shares, per stirpes". The effect of this beneficiary designation would be if Jennifer Doe pre-deceases the life insured and she leaves one child, Jill, her share becomes payable to Jill Doe, granddaughter.

Absence of Beneficiary Designation: If no beneficiary designation is provided, then the Policy Owner(s) (if living) or the Policy Owner(s) estate will be the beneficiary by default.