

ENROLLMENT FORM

SECTION 1 - PERSONAL INFORMATION

Policyholder: Doctors of BC Policy Number: 056/027444A

Member Name: _____ Male Female

Doctors of BC Number: _____ Date of Birth (MM/DD/YY): ___/___/___

Member Email: _____

Mailing Address: _____

Amount of Coverage (in units of \$100,000 up to \$2,000,000): _____

Effective Date of Coverage (MM/DD/YY): ___/___/___ Coverage: Member Only Family

Please read the Privacy: Notice Concerning Personal Information on Page 4 before signing this form

Signature of Member: _____ Date (MM/DD/YY): ___/___/___

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFICIARY DESIGNATION

SECTION 2 - LOSS OF LIFE PRIMARY BENEFICIARY DESIGNATION (All other losses are payable to the Insured Person)

Name (first, middle, last)	Address	Relationship to Insured Person	% Share	
				<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
				<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
				<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

In respect of minors, please name a trustee below to receive payment while the beneficiary is a minor:

SECTION 3 - LOSS OF LIFE CONTINGENT BENEFICIARY DESIGNATION (All other losses are payable to the Insured Person)

Name (first, middle, last)	Address	Relationship to Insured Person	% Share	
				<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
				<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
				<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

In respect of minors, please name a trustee below to receive payment while the beneficiary is a minor:

SECTION 4 - AUTHORIZATION AND SIGNATURE

SIGNATURE OF INSURED PERSON:	
Signature	Date: (day/month/year)

INSTRUCTIONS FOR COMPLETING THE BENEFICIARY DESIGNATION FORM - AD&D

NOTE: If you make any corrections or deletions on the form, you must initial each change. You must not use correction tape or fluid (white-out) on the form, otherwise the form will be invalid.

Section 2 - Loss of Life Primary Beneficiary Designation

It is important that you designate a beneficiary for the Loss of Life benefit under the Accidental Death and Dismemberment insurance. Your designated beneficiary is the person who you choose to receive the life benefit amount if you die accidentally. Failure to designate a beneficiary will result in any life claim being paid to your Estate. (Payment for all losses under the "dismemberment" portion of this policy, such as loss of limb, etc. are payable to you.)

If you designate more than one beneficiary, you must indicate the percentage of the claim to be paid to each beneficiary (the total percentage for all beneficiaries combined cannot be more than 100%).

Where it applies, please indicate whether your beneficiary is "revocable" or "irrevocable":

- "Revocable" means you can change this beneficiary without their consent.
- "Irrevocable" means that you cannot change this beneficiary without their written consent.

If you designate a beneficiary who is a minor (under the age of 18), please name a trustee to receive payment on behalf of the minor.

Section 3 - Contingent Beneficiary Designation

You may want to designate a "contingent beneficiary" - an alternate beneficiary who you want to have the death benefit paid to in the event the beneficiaries you designated in Section 2 are not living at the time of your death. If so, please complete this section.

Where it applies, please indicate whether your beneficiary is "revocable" or "irrevocable":

- "Revocable" means you can change this beneficiary without their consent.
- "Irrevocable" means that you cannot change this beneficiary without their written consent.

If you designate a contingent beneficiary who is a minor (under the age of 18), please name a trustee to receive payment on behalf of the minor.

Section 4 - Authorization and Signature

You must sign and date your form, in INK, in order for a beneficiary designation to be eligible - only signatures in ink are acceptable, in the event a claim form needs to be filed with a court.

Please forward the original signed completed form to your Plan Administrator and retain a copy for your records. A death benefit cannot be paid out to a beneficiary unless this has been completed in accordance with the instructions above.

PRIVACY: NOTICE CONCERNING PERSONAL INFORMATION

By purchasing insurance from certain Lloyd's Underwriters ("Lloyd's"), a customer provides Lloyd's with his or her explicit consent to the collection, use and disclosure of personal information. Meaningful consent is subject to the customer's understanding of the nature, purpose and consequences of the collection, use or disclosure of their personal information.

Information is generally collected, used, disclosed and stored in order to provide you with the insurance products that you have requested, including to:

- Identify you and provide you with insurance cover
- communicate with Lloyd's policyholders
- Calculate, collect or refund premiums
- Underwrite policies and facilitate policy administration
- Evaluate and process claims
- Detect and prevent fraud, carry out anti-money laundering and sanctions checks
- Investigate and prosecute fraud
- Meet our regulatory and other legal obligations
- Enforce terms or exercise rights under the insurance contract
- Analyze insurance risk and business results
- Improve our services and offerings
- Provide general client care
- Defend or prosecute legal claims
- Renew your insurance policy
- Transfer of books of business, company sales and reorganisations

Or as may be otherwise required or authorized by law.

In order to fulfil the purposes described in this Privacy notice, we may share your personal information with other third parties that we have engaged to provide services on our behalf, or who otherwise assist us in providing you with services, such as affiliated organizations, sub-contractors, agents/coverholders, legal counsel, insurers, brokers, reinsurers, loss adjusters and other service providers.

Some of these entities may be located outside Canada, therefore your information may be processed in a foreign jurisdiction, where it will be subject to the laws of that jurisdiction, which may be different than the laws in your province. Personal information that is stored or processed outside Canada may also be accessible to the law enforcement and national security authorities of that jurisdiction.

Subject to certain exceptions provided by applicable law, you have the right to access your personal information, request corrections about your personal information if you identify any inaccuracies, and request that we delete your information. If you would like to exercise any of these rights, please contact the Ombudsperson at info@lloyds.ca.

The Ombudsperson can also provide additional information about Lloyd's policies and practices, answer questions about the collection, use, disclosure or storage of personal information by Lloyd's and its service providers located outside Canada, as well as discuss any complaints you may have regarding the collection, use and disclosure of your personal information.

Further information about Lloyd's personal information protection policy may be obtained by visiting, <https://www.lloyds.com/lloyds-around-the-world/americas/canada/market-conduct> from your broker, or by contacting Lloyd's by phone: 514 861 8361, 1 877 455 6937 or email: info@lloyds.ca.