

GROUP BENEFITS PRODUCER DECLARATION GROUP 65000

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

Co-operators Life Insurance Company 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.

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